WINCHESTER, VILLAGE OF
PO BOX 248
24 WEST WASHINGTON STREET
WINCHESTER, OH 45697-0156

WATER SYSTEM INFORMATION
Name: WINCHESTER PUBLIC WATER SYSTEM
PWS ID: OH0100603
System Type: COMMUNITY
Number of Service Connections: 434
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $833.28

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

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

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/

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: WINCHESTER PUBLIC WATER SYSTEM
Contact NAME: WINCHESTER, VILLAGE OF

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: 12/31/2020
Revenue ID: 1395441
Amount Due: $833.28
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.

LIMA CITY
50 TOWN SQ
PO BOX 1198
LIMA, OH 45801-1198

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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: LIMA CITY
Contact NAME: LIMA CITY

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: 12/31/2020
Revenue ID: 1395447
Amount Due: $27,487.20
Type Code: LFCWS
Transaction ID: 1395447 0002748720 LFCWS 000000000 7
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.

ALLEN EAST COMMUNITY CENTER
9520 HARROD RD
PO BOX 38
HARROD, OH 45850

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

---

CHART

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ALLEN EAST COMMUNITY CENTER</td>
<td>PAY THIS AMOUNT: $176.00</td>
</tr>
<tr>
<td>PWS ID: OH0235412</td>
<td></td>
</tr>
<tr>
<td>System Type : NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 190</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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.

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: ALLEN EAST COMMUNITY CENTER
Contact NAME: ALLEN EAST COMMUNITY CENTER

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: | 12/31/2020 |
| Revenue ID: | 1395455 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- **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.**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SANDY POINT LAKE CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0239412</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

Pay this amount: $112.00

---

**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/

---

**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:** SANDY POINT LAKE CAMPGROUND  
**PWS ID:** OH0239412  
**Contact NAME:** SANDY POINT LAKE

**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: | 12/31/2020 |
| Revenue ID: | 1395457 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1395457 0000011200 LFCWS 0000000000 1 |
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1395460

- 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.

---

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

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...**
   - 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WINONA LAKE SWIM AND TENNIS CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0243012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

---

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:** WINONA LAKE SWIM AND TENNIS CLUB

**Contact NAME:** WINONA LAKE LLC

**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: | 12/31/2020 |
| Revenue ID: | 1395460 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1395460 0000011200 LFCWS 0000000000 6 |
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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: SUN VALLEY FAMILY CAMPGROUND</td>
</tr>
<tr>
<td>PWS ID: OH0252212</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 244</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$468.48</td>
</tr>
</tbody>
</table>

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.

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

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

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/

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: SUN VALLEY FAMILY CAMPGROUND
Contact NAME: SUN VALLEY FAMILY CAMPGROUND

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: 12/31/2020
Revenue ID: 1395464
Amount Due: $468.48
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: SAFY OF AMERICA HEADQUARTERS
Contact NAME: SAFY OF AMERICA

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.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2020
Revenue ID: 1394147
Amount Due: $112.00
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.

GREEN ACRES MHP
217 E MAIN ST
KENT, OH 44240

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: GREEN ACRES MHP
Contact NAME: GREEN ACRES MHP

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: 12/31/2020
Revenue ID: 1395468
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395468 0000011200 LFCWS 000000000
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JEROMESVILLE VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0300912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>265</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $0.22 |

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.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**JEROMESVILLE, VILLAGE OF**

81 S HIGH ST

PO BOX 83

JEROMESVILLE, OH 44840

---

**SIGNATURE OF OWNER**

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

---

**Invoice/Revenue ID:** 1395471

**Due Date:** 12/31/2020

**Revenue ID:** 1395471

**Amount Due:** $0.22

**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.

---

### PUBLIC WATER SYSTEM LICENSE NOTICE

**Invoice/Revenue ID:** 1395477

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>PERKINS RESTAURANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH0332612</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

---

### FEES FOR YEAR 2021

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. | Pay this amount: **$112.00** |

---

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**
   - 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:** PERKINS RESTAURANT

**Contact NAME:** PERKINS RESTAURANT

**PWS ID:** OH0332612

---

**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:** 12/31/2020

**Revenue ID:** 1395477

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:** 1395477 0000011200 LFCWS 000000000 7
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.

BURKHEAD, RANDY
23 TWP RD 1300
WEST SALEM, OH 44287

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: HICKORY LAKE CAMPGROUND B-AREA
Contact NAME: BURKHEAD, RANDY

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: 12/31/2020
Revenue ID: 1395485
Amount Due: $112.00
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.

JPIX, INC.
525 HARLAN RD
ATTN: CAROLYN & JOHN KEOGH
MANSFIELD, OH 44903

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MIFFLIN INN</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH0339512</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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

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

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/

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: MIFFLIN INN
Contact NAME: JPIX, INC.

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: 12/31/2020
Revenue ID: 1395488
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395488 0000011200 LFCWS 0000000000 4
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.

---

**Public Water System License Notice**

**Invoice/Revenue ID:** 1395490

**Water System Information**

<table>
<thead>
<tr>
<th>Name: ROUND LAKE GOLF COURSE</th>
<th>PWS ID: OH0341212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**Fees for Year 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>1</th>
<th><strong>CONFIRM THE WATER SYSTEM INFORMATION...</strong> 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td><strong>SIGN...</strong> Application MUST be signed and dated in the designated area below.</td>
<td></td>
</tr>
</tbody>
</table>
| 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 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/ | **RETURN APPLICATION PROMPTLY...** Return the signed application along with the appropriate fee by the DUE DATE listed below. |

---

**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.  
DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: ROUND LAKE GOLF COURSE  
Contact NAME: ROUND LAKE CHRISTIAN ASSEMBLY  
**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:** 12/31/2020  
**Revenue ID:** 1395490  
**Amount Due:** $112.00  
**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.

THE CABIN
CHARLENE COYNE
2106 STATE ROUTE 603
ASHLAND, OH 44805

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: THE CABIN</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH0344312</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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

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   Application MUST be signed and dated in the designated area below.

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   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: THE CABIN
Contact NAME: THE CABIN

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: 12/31/2020
Revenue ID: 1395494
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1395494 0000011200 LFCWS 0000000000 6
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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2. SIGN...
   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: CAMP NUHOP
Contact NAME: CAMP NUHOP
PWS ID: OH0345112

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: 12/31/2020
Revenue ID: 1395496
Amount Due: $112.00
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.

---

**EAGLE ACADEMY OF COLUMBUS INC**
2975 CREEKWOOD ESTATES DR
BLACKLICK, OH 43004-8058

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ONESCHOOL GLOBAL ASHLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0346116</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>80</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

---

**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: ONESCHOOL GLOBAL ASHLAND

Contact NAME: EAGLE ACADEMY OF COLUMBUS INC

---

**SIGNATURE OF OWNER**

---

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

---

Pay Date: 12/31/2020
Revenue ID: 1394835
Amount Due: $112.00
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: DFC MOBILE HOME PARK</th>
<th>PWS ID: OH0400512</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 45</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

---

**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

**SIGN**

Application MUST be signed and dated in the designated area below.

**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/

**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:** DFC MOBILE HOME PARK  
**PWS ID:** OH0400512  
**Contact NAME:** DFC MOBILE HOME PARK

**SIGNATURE OF OWNER**  

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:** 12/31/2020  
**Revenue ID:** 1395502  
**Amount Due:** $112.00  
**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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   Application MUST be signed and dated in the designated area below.

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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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ASHTABULA COUNTY WATER SYSTEM</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH0400803</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 5765</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount: $8,186.30</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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: ASHTABULA COUNTY WATER SYSTEM
Contact NAME: ASHTABULA COUNTY DEPT OF ENV SERVICES

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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1395505</td>
</tr>
<tr>
<td>Amount Due: $8,186.30</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>

1395505 00000818630 LFCWS 000000000 6
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.

CAMP BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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
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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: CAMP BEAUMONT, BSA CAMP A PWS
Contact NAME: CAMP BEAUMONT

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: 12/31/2020
Revenue ID: 1395511
Amount Due: $112.00
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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CAMP BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: CAMP BEAUMONT, BSA CAMP C PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH0431712</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 3</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

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: $176.00

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

SIGN...
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- Make check or money order payable to: TREASURER STATE OF OHIO
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP BEAUMONT, BSA CAMP C PWS
Contact NAME: CAMP BEAUMONT

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: 12/31/2020
Revenue ID: 1395512
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1395512 0000017600 LFCWS 00000000 9
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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   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.

CAMP BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

WATER SYSTEM INFORMATION

Name: CAMP BEAUMONT, DEEP WOODS PWS
PWS ID: OH0431812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

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Pay this amount: $112.00

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.

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

DDAGW PWS- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP BEAUMONT, DEEP WOODS PWS
Contact NAME: CAMP BEAUMONT

SIGNATURE OF OWNER ___________________________ DATE ____________

Due Date: 12/31/2020
Revenue ID: 1395513
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS 000000000 3
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 BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: CAMP BEAUMONT, BSA HEALTH CENTER PWS
PWS ID: OH0432012
Contact NAME: CAMP BEAUMONT

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: 12/31/2020
Revenue ID: 1395514
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1395515

- 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 BEAUMONT**  
2429 RT. 45 N.  
ROCK CREEK, OH 44084

---

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

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...**  
   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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>CAMP BEAUMONT, BSA CUB SCOUT WORLD PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0432212</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

---

**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 BEAUMONT, BSA CUB SCOUT WORLD PWS  
**PWS ID:** OH0432212

**Contact NAME:** CAMP BEAUMONT

**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.

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395515</td>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP BEAUMONT, BSA BEAUMONT VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0432312</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Description</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

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

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...**
   - 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:** CAMP BEAUMONT, BSA BEAUMONT VILLAGE  
**PWS ID:** OH0432312 
**Contact NAME:** CAMP BEAUMONT

**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:** 12/31/2020  
**Revenue ID:** 1395516  
**Amount Due:** $112.00  
**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.

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>CAMP BEAUMONT, BSA CAMP B PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH0432412</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells</td>
<td>3</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount: $176.00</th>
</tr>
</thead>
</table>

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

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

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/

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:** CAMP BEAUMONT, BSA CAMP B PWS  
**PWS ID:** OH0432412

**Contact NAME:** CAMP BEAUMONT

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395517</td>
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<tr>
<td>Amount Due:</td>
<td>$176.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
2021  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1395518

- 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 BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: CAMP BEAUMONT, WHISPERING LEAVES PWS
PWS ID: OH0432912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: CAMP BEAUMONT, WHISPERING LEAVES PWS
Contact NAME: CAMP BEAUMONT

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: 12/31/2020
Revenue ID: 1395518
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395518 0000011200 LFCWS 000000000 8
2021 PUBLIC WATER SYSTEM LICENSE NOTICE
Invoice/Revenue ID: 1395522

- 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.

SCOOTERS BAR & GRILL
6669 STATE ROUTE 85
ANDOVER, OH 44003

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

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

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/

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

PAY THIS AMOUNT: $112.00

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: SCOOTERS BAR AND GRILL PWS
Contact NAME: SCOOTERS BAR & GRILL

SIGNATURE OF OWNER ___________________________ DATE ____________

Due Date: 12/31/2020
Revenue ID: 1395522
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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

1395522 0000011200 LFCWS 000000000 2
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL 19942 - WILLIAMSFIELD PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0447016</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSPORT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

---

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...**
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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/

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 19942 - WILLIAMSFIELD PWS

**PWS ID:** OH0447016

**Contact NAME:** ELLIOTT, KRISTIN

**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: | 12/31/2020 |
| Revenue ID: | 1394850 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394850 0000011200 LFCWS 0000000007 |
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1394873

- **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.**

---

**WATER SYSTEM INFORMATION**

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

---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Attended 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.</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
</table>

---

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

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...**  
   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 #20931 - PIERPONT, OH  
**PWS ID:** OH0447017  
**Contact NAME:** GLASER, GREG

**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.

<table>
<thead>
<tr>
<th>Due Date: 12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID: 1394873</td>
</tr>
<tr>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>

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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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: ATHENS CO., THE PLAINS S.D. 1 PWS PWS ID: OH0500303
Contact NAME: ATHENS CO., THE PLAINS S.D. 1

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: 12/31/2020
Revenue ID: 1395546
Amount Due: $2,246.40
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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2. SIGN...
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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...
   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: POWHATAN POINT PUBLIC WATER SYSTEM
Contact NAME: POWHATAN POINT, VILLAGE OF

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
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

4-H CAMP PIEDMONT
34221 4-H CLUB RD
PIEDMONT, OH 43983

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

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

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/

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

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: 4-H CAMP PIEDMONT PWS</th>
<th>OH0735012</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Due Date: 12/31/2020
Revenue ID: 1395717
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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: 4-H CAMP PIEDMONT PWS
Contact NAME: 4-H CAMP PIEDMONT

SIGNATURE OF OWNER

Due Date: 12/31/2020
Revenue ID: 1395717
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: 4-H CAMP PIEDMONT WELL 2 PWS
Contact NAME: 4-H CAMP PIEDMONT

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: 12/31/2020
Revenue ID: 1395718
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395718 0000011200 LFCWS 000000000 0
## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>CATALINA MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH0900512</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections</td>
<td>462</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: <strong>$887.04</strong></td>
</tr>
</tbody>
</table>

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.

## IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**
   - 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:** CATALINA MOBILE HOME PARK  
**Contact NAME:** UMH OH CATALINA, LLC

**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: | 12/31/2020 |
| Revenue ID: | 1395730 |
| Amount Due: | $887.04 |
| Type Code: | LFCWS |
| Transaction ID: | 1395730 0000088704 LFCWS 0000000000 9 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: ADVANCED DRAINAGE SYSTEMS- BUTLER PWS ID: OH0939612
Contact NAME: ADVANCED DRAINAGE SYSTEMS, BUTLER

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: 12/31/2020
Revenue ID: 1394045
Amount Due: $176.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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 #16484 - SEVEN MILE PWS
Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394622
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
FORT HAMILTON HOSPITAL
630 EATON AVE
HAMILTON, OH 45013

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: FORT HAMILTON HOSPITAL PWS
PWS ID: OH0939921
Contact NAME: FORT HAMILTON HOSPITAL

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: 12/31/2020
Revenue ID: 1394892
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS
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.

---

**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

**ROCKWOOD PARK**

3563 ROCKWOOD PARK SW
CARROLLTON, OH 44615

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: ROCKWOOD PARK</th>
<th>PWS ID: OH1000612</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 121</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Pay this amount: $232.32</th>
</tr>
</thead>
</table>

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.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGNED...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** ROCKWOOD PARK

**Contact NAME:** ROCKWOOD PARK

**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

---

<table>
<thead>
<tr>
<th>Due Date: 12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1395747</td>
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<tr>
<td>Amount Due: $232.32</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>
## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: DELLROY DRIVE-IN RESTAURANT</th>
<th>PWS ID: OH1036212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

## FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
</table>

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.

## IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   - 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.

PWS NAME: DELLROY DRIVE-IN RESTAURANT

Contact NAME: DELLROY DRIVE-IN RESTAURANT

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: | 12/31/2020 |
| Revenue ID: | 1395758 |
| Amount Due: | $112.00 |
| 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.

---

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

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.

---

**SEVEN RANGES SCOUT RESERVATION**

**BOY SCOUTS OF AMERICA**

2301 13TH ST, NW

CANTON, OH 44708

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SEVEN RANGES SCOUT RESERVATION</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1039212</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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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:** SEVEN RANGES SCOUT RESERVATION

**Contact NAME:** SEVEN RANGES SCOUT RESERVATION

**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

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<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395768</td>
</tr>
<tr>
<td>Amount Due:</td>
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<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1395768 0000011200 LFCWS 000000000 5</td>
</tr>
</tbody>
</table>
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1394315

- 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.

**WATER SYSTEM INFORMATION**

Name: DOLLAR GENERAL #12693 - DELLROY  
PWS ID: OH1042912  
System Type: TRANSIENT NONCOMMUNITY  
Number of Wells: 1  
Surface Water Source: No

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td>Pay this amount: <strong>$112.00</strong></td>
</tr>
</tbody>
</table>

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.

**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

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

**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/

**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 #12693 - DELLROY  
Contact NAME: DOLLAR GENERAL CORP

**SIGNATURE OF OWNER ___________________________**  
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:** 12/31/2020  
**Revenue ID:** 1394315  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

SPRING MEADOWS CARE CENTER
1649 PARK ROAD
WOODSTOCK, OH 43084

WATER SYSTEM INFORMATION
Name: SPRING MEADOWS CARE CENTER
PWS ID: OH1100312
System Type: COMMUNITY
Number of Service Connections: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attach 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: $112.00

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

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

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.

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: 12/31/2020
Revenue ID: 1395781
Amount Due: $112.00
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.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>HARVEST SQUARE MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1100512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>130</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attach 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: $249.60

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

SIGN...

Application MUST be signed and dated in the designated area below.

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/

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: HARVEST SQUARE MOBILE HOME PARK

Contact NAME: MOORE ENTERPRISES

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: 12/31/2020
Revenue ID: 1395783
Amount Due: $249.60
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: JOLLY ROGER PWS
Contact NAME: JOLLY ROGER

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: | 12/31/2020 |
| Revenue ID: | 1395792 |
| Amount Due: | $112.00 |
| 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: CEDAR BOG NATURE PRESERVE EDUC CENTER
Contact NAME: OHIO HISTORICAL SOCIETY

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: 12/31/2020
Revenue ID: 1394101
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
---

**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
*Invoice/Revenue ID: 1394356*

- 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GHOTRA FOOD MART PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1137012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

Paid this amount:  
$112.00

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/](http://epa.ohio.gov/)

**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:** GHOTRA FOOD MART PWS  
**PWS ID:** OH1137012  
**Contact NAME:** GHOTRA FOOD MART

**SIGNATURE OF OWNER**

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:** 12/31/2020  
**Revenue ID:** 1394356  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**  

---

1394356 0000011200 LFCWS 0000000000
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

DOLLAR GENERAL CORPORATION
ATTENTION: SHEILA SCULL
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

WATER SYSTEM INFORMATION
Name: DOLLAR GENERAL #18442 - ST. PARIS
PWS ID: OH1137114
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

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 #18442 - ST. PARIS
Contact NAME: DOLLAR GENERAL CORPORATION

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: 12/31/2020
Revenue ID: 1394675
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394675 0000011200 LFCWS 0000000000 0
- 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: EDGEWOOD MOBILE HOME PARK
Contact NAME: WHITEHILL, JOHN

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: 12/31/2020
Revenue ID: 1395814
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 0000000000 4
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.

MOORE ENTERPRISES
4425 WEST AIRPORT FREeway #475
IRVING, TX 75062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   Application MUST be signed and dated in the designated area below.

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   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
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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: HARMONY ESTATES MOBILE HOME PARK
Contact NAME: MOORE ENTERPRISES
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.

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: 12/31/2020
Revenue ID: 1395947
Amount Due: $324.48
Type Code: LFCWS
Transaction ID:

1395947 0000032448 LFCWS 000000000 9
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.

F O E 3491
COMMANDER
376 QUICK ROAD
NEW CARLISLE, OH 45344

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: F O E 3491 PWS</th>
<th>PWS ID: OH1231212</th>
</tr>
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<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

**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

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

**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/

**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:** F O E 3491 PWS

**PWS ID:** OH1231212

**Contact NAME:** F O E 3491

**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: 12/31/2020

Revenue ID: 1395959
Amount Due: $112.00
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.

---

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PAT AND MARTHAS PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1233812</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

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<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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</thead>
</table>

Pay this amount: **$112.00**

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/](http://epa.ohio.gov/)

**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:** PAT AND MARTHAS PWS

**Contact NAME:** PAT AND MARTHAS

**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:** 12/31/2020

**Revenue ID:** 1395962

**Amount Due:** $112.00

**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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: VFW POST 8673
Contact NAME: VFW POST 8673

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: 12/31/2020
Revenue ID: 1395963
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395963 0000011200 LFCWS 000000000
FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

WAYSIDE TAVERN
112 TITUS ROAD
SPRINGFIELD, OH 45506

WATER SYSTEM INFORMATION
Name: WAYSIDE TAVERN
PWS ID: OH1240212
System Type : TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Name</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAYSIDE TAVERN</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

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.

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: WAYSIDE TAVERN
Contact NAME: WAYSIDE TAVERN

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: 12/31/2020
Revenue ID: 1395974
Amount Due: $112.00
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.

SUTPHEN CORPORATION-CHASSIS DIVISION
MATTHEW FOX
PO BOX 2610
SPRINGFIELD, OH 45502

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tr>
<td>Name</td>
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<tr>
<td>PWS ID</td>
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<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>90</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

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

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**
   - 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.

**PWS NAME:** SUTPHEN CORPORATION-CHASSIS DIVISION PWS

**PWS ID:** OH1241012

**Contact NAME:** SUTPHEN CORPORATION-CHASSIS DIVISION

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395976</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  

- 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.

---

**SUGAR ISLE GOLF COURSE**  
**ATTENTION: TODD SMART**  
**PO BOX 148**  
**NEW CARLISLE, OH 45344**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUGAR ISLE GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1246512</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**  

- Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

**Pay this amount:**  

- **$112.00**

**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

**SIGN...**

- Application MUST be signed and dated in the designated area below.

**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/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

- Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

** Due Date: 12/31/2020  
Revenue ID: 1395986  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID: **

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: SUGAR ISLE GOLF COURSE  
Contact NAME: SUGAR ISLE GOLF COURSE

**SIGNATURE OF OWNER**  

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
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.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>ZIP-IN CARRY OUT</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1247512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

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: **$112.00**

---

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: ZIP-IN CARRY OUT

Contact NAME: ZIP IN BP

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: 12/31/2020

Revenue ID: 1395989

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: HUSTEAD MARATHON PWS
Contact NAME: HUSTEAD GAS AND FOOD MART

PWS ID: OH1249112

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: HUSTEAD MARATHON PWS</th>
<th>OH1249112</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Fees for Year 2021

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: $112.00 |

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.

Due Date: 12/31/2020
Revenue ID: 1393574
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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

Invoice/Revenue ID: 1393574
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.

**WILSON, ADINA**
1701 WEST COUNTY LINE RD
URBANA, OH 43078

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>URBANA PUMPER PWS</th>
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</thead>
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<tr>
<td>PWS ID:</td>
<td>OH1253215</td>
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<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
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<td>Surface Water Source:</td>
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### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

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...**
   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:** URBANA PUMPER PWS  
**PWS ID:** OH1253215

**Contact NAME:** WILSON, ADINA

**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: | 12/31/2020 |
| Revenue ID: | 1394862 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394862 0000001200 LFCWS 000000000 3 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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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...
   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: BATAVIA VILLAGE PWS
Contact NAME: BATAVIA, VILLAGE OF

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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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<tbody>
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<td>LFCWS</td>
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</tbody>
</table>
## 2021 PUBLIC WATER SYSTEM LICENSE NOTICE

- **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.**

---

**TATE-MONROE WATER ASSOCIATION**  
**GREG STANLEY**  
2599 ST RT 232  
NEW RICHMOND, OH 45157

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TATE-MONROE WATER ASSOCIATION PWS</th>
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<td>System Type:</td>
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<td>Surface Water Source:</td>
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### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$12,508.90</td>
</tr>
</tbody>
</table>

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.

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**  
   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/](http://epa.ohio.gov/)

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

---

**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:** 12/31/2020  
**Revenue ID:** 1395998  
**Amount Due:** $12,508.90  
**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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: DEER RUN MC
Contact NAME: KEEL PROPERTY MAINTENANCE

SIGNATURE OF OWNER __________________________ DATE ______________

Due Date: 12/31/2020
Revenue ID: 1396006
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

---

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>AUBURN SKILLED NURSING &amp; REHABILITATION</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

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: AUBURN SKILLED NURSING & REHABILITATION
Contact NAME: AUBURN SKILLED NURSING & REHAB

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: 12/31/2020
Revenue ID: 1396017
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1396017 0000011200 LFCWS 0000000000 2
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.

FARR HILL MHP
1931 CAMPGROUND RD
PO BOX 107
WELLSVILLE, OH 43968

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: FARR HILL MHP
Contact NAME: FARR HILL MHP
PWS ID: OH1503312

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
FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. SIGN...
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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/

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

WESTVILLE LAKE CAMPGROUND
1015 N WALNUT ST
ALLIANCE, OH 44601

WATER SYSTEM INFORMATION

Name: WESTVILLE LAKE CAMPGROUND #1
PWS ID: OH1533612
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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: WESTVILLE LAKE CAMPGROUND #1
PWS ID: OH1533612
Contact NAME: WESTVILLE LAKE CAMPGROUND

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: 12/31/2020
Revenue ID: 1396027
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1396027 0000011200 LFCWS 000000000 0
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.

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

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...
   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.

---

**WATER SYSTEM INFORMATION**

- **Name:** CASA STEAK SEAFOOD AND SMOKE HOUSE
- **PWS ID:** OH1542812
- **System Type:** TRANSIENT NONCOMMUNITY
- **Number of Wells:** 1
- **Surface Water Source:** No

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

**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:** CASA STEAK SEAFOOD AND SMOKE HOUSE  
**PWS ID:** OH1542812

**Contact NAME:** LONGO, RON

**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:  | 12/31/2020 |
| Revenue ID: | 1396036 |
| Amount Due: | $112.00 |
| Type Code:  | LFCWS |
| Transaction ID: | 1396036 0000011200 LFCWS 000000000 |
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.

YOST, PAUL
PO BOX 5
NORTH GEORGETOWN, OH 44665

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKE PNA SPORTSMAN CLUB PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1543812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attended 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: | $112.00 |

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**
   - 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:** LAKE PNA SPORTSMAN CLUB PWS  
**PWS ID:** OH1543812

**Contact NAME:** YOST, PAUL

**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: | 12/31/2020 |
| Revenue ID: | 1396037 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |
**PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KRUT, MICHELLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>45529 MIDDLE BEAVER RD. LISBON, OH 44432</td>
</tr>
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**FEE FOR YEAR 2021**

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<thead>
<tr>
<th>Name:</th>
<th>GETAWAY OH LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1553512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

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

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...**
   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:** GETAWAY OH LLC  
**PWS ID:** OH1553512

**Contact NAME:** KRUT, MICHELLE

**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: | 12/31/2020 |
| Revenue ID: | 1396048 |
| Amount Due: | $112.00 |
| 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Name</td>
<td>TERRACE LAKES CAMPING</td>
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<tr>
<td>PWS ID</td>
<td>OH1558112</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

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...
   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: TERRACE LAKES CAMPING

Contact NAME: TERRACE LAKES CAMPGROUNDS

**SIGNATURE OF OWNER** _________________________________ **DATE** ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<tr>
<td>Due Date</td>
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<td>Revenue ID</td>
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<td>Type Code</td>
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</tr>
<tr>
<td>Transaction ID</td>
<td></td>
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</tbody>
</table>
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.

---

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

**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...**

   - 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.

---

**WATER SYSTEM INFORMATION**

| Name: | BY-THE-WAY CAFE PWS |
| PWS ID: | OH1558712 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

**FEES FOR YEAR 2021**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
|---|---|
| Pay this amount: | $112.00 |

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.

---

**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:** BY-THE-WAY CAFE PWS

**PWS ID:** OH1558712

**Contact NAME:** BY-THE-WAY CAFE

---

**SIGNATURE OF OWNER**

---

---

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: 12/31/2020

Revenue ID: 1396064

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1396064 0000011200 LFCWS 000000000 4
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.

**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>AMERICAN LEGION POST 736</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1559912</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** AMERICAN LEGION POST 736

**Contact NAME:** AMERICAN LEGION POST 736

**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: | 12/31/2020 |
| Revenue ID: | 1396069 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1396069 0000011200 LFCWS 0000000000 9 |
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.

STATE LINE TAVERN
P.O. BOX 67
EAST PALESTINE, OH 44413

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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</tr>
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<tbody>
<tr>
<td>Name: STATE LINE TAVERN</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH1564012</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
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<td>Surface Water Source: No</td>
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<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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

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/

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: STATE LINE TAVERN  
PWS ID: OH1564012
Contact NAME: STATE LINE TAVERN

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: 12/31/2020
Revenue ID: 1396205
Amount Due: $112.00
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.

---

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #12518 - ROGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1566012</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

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Pay this amount: $112.00

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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 #12518 - ROGERS  
**PWS ID:** OH1566012

**Contact NAME:** ELLIOTT, KRISTIN

**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

<table>
<thead>
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<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: OHIO VALLEY MIDSTREAM LLC</td>
</tr>
<tr>
<td>PWS ID: OH1566512</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 30</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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...
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: OHIO VALLEY MIDSTREAM LLC PWS ID: OH1566512
Contact NAME: OHIO VALLEY MIDSTREAM LLC

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: 12/31/2020
Revenue ID: 1394369
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394369 0000011200 LFCWS 000000000 1
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING this APPLICATION

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...
   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 STORE 16096 - HANOVERTON
PWS ID: OH1566513
Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394563
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: FAMILY DOLLAR - LISBON
Contact NAME: NGUYEN - FC, THIEN

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: 12/31/2020
Revenue ID: 1394674
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1394674 0000011200 LFCWS 000000000
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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

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: 12/31/2020
Revenue ID: 1394874
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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

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: CRESTLINE VILLAGE
Contact NAME: CRESTLINE VILLAGE

SIGNATURE OF OWNER ___________________________ DATE ____________

Due Date: 12/31/2020
Revenue ID: 1396230
Amount Due: $3,762.16
Type Code: LFCWS
Transaction ID:

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

1396230 0000376216 LFCWS 000000000 8
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

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.

---

**WATER SYSTEM INFORMATION**

**NAME:** GALION CITY  
**PWS ID:** OH1700211  
**SYSTEM TYPE:** COMMUNITY  
**NUMBER OF SERVICE CONNECTIONS:** 4916  
**SURFACE WATER SOURCE:** Yes

---

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Name: GALION CITY</th>
<th>Pay this amount: $7,275.68</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH1700211</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

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.

---

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** GALION CITY  
**PWS ID:** OH1700211  
**CONTACT NAME:** GALION CITY

**SIGNATURE OF OWNER**

---

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

---

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1396231</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$7,275.68</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
2021 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1396233

- 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.

CRAWFORD COUNTY COMMISSIONERS
112 EAST MANSFIELD STREET
BUCYRUS, OH 44820

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: CRAWFORD CO SWR DIST NO 2 PWS
PWS ID: OH1700703
System Type: COMMUNITY
Number of Service Connections: 171
Surface Water Source: Yes

FEES FOR YEAR 2021  TOTAL

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $328.32

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

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

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/

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: CRAWFORD CO SWR DIST NO 2 PWS
Contact NAME: CRAWFORD COUNTY COMMISSIONERS

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: 12/31/2020
Revenue ID: 1396233
Amount Due: $328.32
Type Code: LFCWS
Transaction ID:
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

**ARCANUM, VILLAGE OF**
**FISCAL OFFICER**
**309 S. ALBRIGHT ST**
**ARCANUM, OH 45304**

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

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...**
   - 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.

---

**WATER SYSTEM INFORMATION**

- **Name:** ARCANUM VILLAGE PWS
- **PWS ID:** OH1900112 COMMUNITY
- **System Type:** COMMUNITY
- **Number of Service Connections:** 1133
- **Surface Water Source:** No

**FEES FOR YEAR 2021**

- Based on the water system information taken from above, the fee owed by your water system is shown in the total column.
- Pay this amount: $2,175.36

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.

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:** ARCANUM VILLAGE PWS

**Contact NAME:** ARCANUM, VILLAGE OF

**SIGNATURE OF OWNER**

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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1396249</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

SHERWOOD FOREST MHP
C/O PARKBRIDGE INVESTMENT GROUP
139 WALNUT BLVD
ROCHESTER, MI 48307

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: SHERWOOD FOREST MHP PW</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH1901112</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 173</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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: $332.16

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: SHERWOOD FOREST MHP PWSPWS ID: OH1901112
Contact NAME: SHERWOOD FOREST MHP

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: 12/31/2020
Revenue ID: 1396256
Amount Due: $332.16
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.

RASCHKE, WILLIAM
FTI PROPERTY MANAGEMENT INC
316 W 2ND ST STE 1104
LOS ANGELES, CA 90012-3536

WATER SYSTEM INFORMATION
Name: SHERWOOD FOREST MHP PWS
PWS ID: OH1901112
System Type: COMMUNITY
Number of Service Connections: 173
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $332.16

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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: SHERWOOD FOREST MHP PWS
Contact NAME: RASCHKE, WILLIAM

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: 12/31/2020
Revenue ID: 1396256
Amount Due: $332.16
Type Code: LFCWS
Transaction ID:
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID:** 1394397

- 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.

**BRUMBAUGH FRUIT FARM**  
6420 ARCANUM-HOLLANSBURG RD  
ARCANUM, OH 45304

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>BRUMBAUGH FRUIT FARM PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1950613</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Attained 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.

**TOTAL**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

- **Pay this amount:** $112.00

**FOLLOW THESE IMPORTANT STEPS IN Completing This Application**

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...**
   - 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:** BRUMBAUGH FRUIT FARM PWS
- **Contact NAME:** BRUMBAUGH FRUIT FARM

**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: | 12/31/2020 |
| Revenue ID: | 1394397 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394397 0000011200 LFCWS 000000000 7 |
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

NEW WESTON DOHP, LLC
9010 OVERLOOK BLVD
BRENTWOOD, TN 37027

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 #20027 - NEW WESTON PWS
Contact NAME: NEW WESTON DOHP, LLC

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: 12/31/2020
Revenue ID: 1394840
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

- 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

HILLANDALE FARMS OHIO LLC
9715 ROSEDALE RD
HICKSVILLE, PA 17325

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>HILLANDALE FARMS-HICKSVILLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2036412</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>114</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: HILLANDALE FARMS-HICKSVILLE
Contact NAME: HILLANDALE FARMS OHIO LLC

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: 12/31/2020
Revenue ID: 1394373
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN Completing THIS APPLICATION

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...
   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: HOLMES LUMBER OFFICE
Contact NAME: HOLMES LUMBER BUILDING COMPONENTS

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: | 12/31/2020 |
| Revenue ID: | 1396296 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1396296 0000011200 LFCWS 000000000 4 |
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.

PALMA, BRENNEN
200 SOUTH REMINGTON RD
BEXLEY, OH 43209

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

FEE FOR YEAR 2021 TOTAL

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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

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

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/

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: COLONY VILLAGE MHP PWS ID: OH2300512
Contact NAME: PALMA, BRENNEN

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: 12/31/2020
Revenue ID: 1396314
Amount Due: $112.00
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.

COUNTRY LANE GARDENS HC
7820 PLEASANTVILLE ROAD
THORNVILLE, OH 43076

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: COUNTRY LANE GARDENS HC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2300712</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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: $112.00

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

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

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/

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: COUNTRY LANE GARDENS HC
Contact NAME: COUNTRY LANE GARDENS HC

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: 12/31/2020
Revenue ID: 1396315
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
## 2021 PUBLIC WATER SYSTEM LICENSE NOTICE

- 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.

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

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>ABOVE PAR EVENT CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2335512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach 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.</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...  
   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: ABOVE PAR EVENT CENTER  
PWS ID: OH2335512

Contact NAME: ABOVE PAR EVENT CENTER

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: 12/31/2020
Revenue ID: 1392900
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1392900 0000011200 LFCWS 000000000 1
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

- 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.

LANCASTER COUNTRY CLUB
2841 B.I.S. RD
LANCASTER, OH 43130

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LANCASTER COUNTRY CLUB</td>
</tr>
<tr>
<td>PWS ID: OH2342512</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 80</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

| 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: LANCASTER COUNTRY CLUB  PWS ID: OH2342512
Contact NAME: LANCASTER COUNTRY CLUB

Due Date: 12/31/2020
Revenue ID: 1392905
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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 PWS: Public Water System License to Operate (LFCWS)
PWS NAME: LANCASTER COUNTRY CLUB MAINTENANCE BLDG.   PWS ID: OH2348512
Contact NAME: LANCASTER COUNTRY CLUB

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: | 12/31/2020 |
| Revenue ID: | 1393613 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393613 00000011200 LFCWS 0000000000 7 |
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.

---

**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

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

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...**
   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/](http://epa.ohio.gov/)

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

---

**DOLLAR GENERAL CORP**  
100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #16307 - AMANDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2353317</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
</tbody>
</table>

**Pay this amount:**

$112.00

**ATTACHMENT**

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.

---

**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 #16307 - AMANDA  
**PWS ID:** OH2353317

**Contact NAME:** DOLLAR GENERAL CORP

**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:** 12/31/2020

| Revenue ID: | 1394593 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

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1394593 0000011200 LFCWS 000000000 9
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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
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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 #19047 - CARROLL
Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394819
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

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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.

BYWAY MHP, LLC
HOWARD HUANG
2443 FILLMORE ST #380-1992
SAN FRANCISCO, CA 94115

WATER SYSTEM INFORMATION

Name: BY WAY MOBILE HOME PARK
PWS ID: OH2500212
System Type: COMMUNITY
Number of Service Connections: 64
Surface Water Source: No

Fees for Year 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

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

SIGN...
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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: BY WAY MOBILE HOME PARK
PWS ID: OH2500212

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
WILL BATES - DUBLIN MHP LLC
PO BOX 44058
INDIANAPOLIS, IN 46244

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

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

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/

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: COUNTRY SIDE MOBILE HOME
Contact NAME: WILL BATES - DUBLIN MHP LLC

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: 12/31/2020
Revenue ID: 1392927
Amount Due: $176.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: GAHANNA CITY PWS</th>
<th>PWS ID: OH2501303</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 10733</td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $12,450.28</td>
</tr>
</tbody>
</table>

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.

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

SIGN...

Application MUST be signed and dated in the designated area below.

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/](http://epa.ohio.gov/)

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:** GAHANNA CITY PWS

**Contact NAME:** GAHANNA, CITY OF

**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: 12/31/2020 |
| Revenue ID: 1392930 |
| Amount Due: $12,450.28 |
| 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.

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

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

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/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.
2021  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1392946

- 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.

WILLIAMS, MARK
6455 TAYLOR ROAD
BLACKLICK, OH 43004

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: JEFFERSON WATER AND SEWER DISTRICT PWS
Contact NAME: WILLIAMS, MARK

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: 12/31/2020
Revenue ID: 1392946
Amount Due: $5,847.48
Type Code: LFCWS
Transaction ID: 1392946 0000584748 LFCWS 000000000 2
- 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: OAK GROVE TAVERN</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2533612</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

PAID 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/

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: OAK GROVE TAVERN  
PWS ID: OH2533612
Contact NAME: OAK GROVE TAVERN

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: 12/31/2020
Revenue ID: 1392950
Amount Due: $112.00
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.

SCIOTO TRAIL VFW 2505
PO BOX 15
LOCKBOURNE, OH 43137

WATER SYSTEM INFORMATION

Name: SCIOTO TRAIL VFW 2505
PWS ID: OH2535012
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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

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

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/

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: SCIOTO TRAIL VFW 2505
Contact NAME: SCIOTO TRAIL VFW 2505

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: 12/31/2020
Revenue ID: 1392952
Amount Due: $112.00
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.

DUKE, JENNIFER
866 CHESTERVIEW CT
GALLOWAY, OH 43119

WATER SYSTEM INFORMATION

Name: TEN MILE INN
PWS ID: OH2536212
System Type : TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Total

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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

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: TEN MILE INN
Contact NAME: DUKE, JENNIFER

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: 12/31/2020
Revenue ID: 1394344
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: SUNOCO FOOD MART 7563 PWS
Contact NAME: SUNOCO FOOD MART 7563

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: 12/31/2020
Revenue ID: 1393526
Amount Due: $112.00
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.

THE GOLF CLUB
PO BOX 369
NEW ALBANY, OH 43054

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: THE GOLF CLUB GREENS DEPARTMENT PWS
Contact NAME: THE GOLF CLUB

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: 12/31/2020
Revenue ID: 1394083
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394083 0000011200 LFCWS 000000000 6
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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 #17176 - GROVE CITY
Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394621
Amount Due: $112.00
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.

DOLLAR GENERAL CORP
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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 #16888 - ORIENT
Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394633
Amount Due: $112.00
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.

RASCHKE, WILLIAM
FTI PROPERTY MANAGEMENT INC
316 W 2ND ST STE 1104
LOS ANGELES, CA 90012-3536

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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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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: SWANTON MEADOWS
Contact NAME: RASCHKE, WILLIAM

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: 12/31/2020
Revenue ID: 1392975
Amount Due: $261.12
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.

GLENN HUNTER AND ASSOCIATES, INC.
1222 COUNTY ROAD 6
DELTA, OH 43515

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>GH &amp; A-BRICK RECLAMATION YARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2637913</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>50</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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

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

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/

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: GH & A-BRICK RECLAMATION YARD
Contact NAME: GLENN HUNTER AND ASSOCIATES, INC.

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: | 12/31/2020 |
| Revenue ID: | 1394566 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
LEADERS PROPERTIES LLC
P.O. BOX 308
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION

Name: LEADERS MHP PWS
PWS ID: OH2801612
System Type: COMMUNITY
Number of Service Connections: 259
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount:

$497.28

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

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

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/

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: LEADERS MHP PWS
Contact NAME: LEADERS PROPERTIES LLC

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: 12/31/2020
Revenue ID: 1392997
Amount Due: $497.28
Type Code: LFCWS
Transaction ID:

1392997 0000049728 LFCWS 0000000000 1
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MIDDLEFIELD MOBILE HOME PARK</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2801912</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 154</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$295.68**

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.

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

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

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/

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: MIDDLEFIELD MOBILE HOME PARK        PWS ID: OH2801912
Contact NAME: AYALA, MICHAEL

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: 12/31/2020
Revenue ID: 1393000
Amount Due: $295.68
Type Code: LFCWS
Transaction ID:

1393000 0000029568 LFCWS 000000000 8
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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

CORREA, DIEGO
316 W SECOND STREET
SUITE 1104
LOS ANGELES, CA 90012

WATER SYSTEM INFORMATION
Name: RUSTIC PINES MHC
PWS ID: OH2802112
System Type : COMMUNITY
Number of Service Connections: 131
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $251.52

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.

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: RUSTIC PINES MHC
Contact NAME: CORREA, DIEGO

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: 12/31/2020
Revenue ID: 1393002
Amount Due: $251.52
Type Code: LFCWS
Transaction ID:

1393002 000025152 LFCWS 000000000 3
2021 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1393010

- 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.

CORAL MANAGEMENT CO
13219 SHAKER SQ
CLEVELAND, OH 44120

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TREES CONDOMINIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2803212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>5</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

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

SIGN...

Application MUST be signed and dated in the designated area below.

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/

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: TREES CONDOMINIUM
Contact NAME: CORAL MANAGEMENT CO

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: | 12/31/2020 |
| Revenue ID: | 1393010 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393010 0000011200 LFCWS 000000000 6 |
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.

HEATHER HILL CARE COMMUNITIES
12340 BASS LAKE RD
CHARDON, OH 44024

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: HEATHER HILL CARE COMMUNITIES
Contact NAME: HEATHER HILL CARE COMMUNITIES

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: 12/31/2020
Revenue ID: 1393146
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
FELBER, RACHEL  
26001 S WOODLAND RD  
BEACHWOOD, OH 44122

2021 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1393150  

- 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.

WATER SYSTEM INFORMATION

Name: FELBER, RACHEL  
PWS ID: OH2830912  
System Type: TRANSIENT NONCOMMUNITY  
Number of Wells: 2  
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: CAMP WISE  
Contact NAME: FELBER, RACHEL

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: 12/31/2020  
Revenue ID: 1393150  
Amount Due: $112.00  
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

GATTOZZI & SON FUNERAL HOME
12524 CHILLICOTHE RD
P.O. BOX 806
CHESTERLAND, OH 44026-0806

WATER SYSTEM INFORMATION
Name: GATTOZZI AND SON FUNERAL
PWS ID: OH2832612
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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: GATTOZZI AND SON FUNERAL
Contact NAME: GATTOZZI & SON FUNERAL HOME

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: 12/31/2020
Revenue ID: 1393155
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1393155 0000011200 LFCWS 0000000000 1
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.

UNIVERSAL POLYMER AND RUBBER, LTD
15730 S MADISON RD
PO BOX 767
MIDDLEFIELD, OH 44062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: UNIVERSAL POLYMER-PLANT1
Contact NAME: UNIVERSAL POLYMER AND RUBBER, LTD

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: 12/31/2020
Revenue ID: 1393168
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: RIVER WALK/IRON HORSE SALOON
Contact NAME: RIVER WALK/IRON HORSE SALOON

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: 12/31/2020
Revenue ID: 1393169
Amount Due: $112.00
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.

**JOHNSONITE**
16910 MUNN RD
CHAGRIN FALLS, OH 44023

**WATER SYSTEM INFORMATION**

- Name: TARKETT NORTH
- PWS ID: OH2840112
- System Type: NONCOMMUNITY NONTRANSIENT
- Population Served: 240
- Surface Water Source: No

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: $176.00</td>
</tr>
</tbody>
</table>

**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

**SIGN...**

- Application MUST be signed and dated in the designated area below.

**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/

**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: TARKETT NORTH
Contact NAME: JOHNSONITE

**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: 12/31/2020
Revenue ID: 1393174
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: _____________

1393174 000017600 LFCWS 000000000 3
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

TARKETT USA
16910 MUNN RD
CHAGRIN FALLS, OH 44023

WATER SYSTEM INFORMATION

Name: TARKETT SOUTH
PWS ID: OH2840212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 100
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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: TARKETT SOUTH
Contact NAME: TARKETT USA

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: 12/31/2020
Revenue ID: 1393175
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: RAMBLE INN
PWS ID: OH2841612
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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

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

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/

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: RAMBLE INN
Contact NAME: MILL ENTERPRISE, LLC, DBA RAMBLE INN

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: 12/31/2020
Revenue ID: 1393177
Amount Due: $112.00
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PIP, LLC PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2853612</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>63</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

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

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...**
   - 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:** PIP, LLC PWS

**Contact NAME:** PIP, LLC

**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**

**Pay:**

<table>
<thead>
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<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1393202</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

CLIFTON, GINA
15015 KINSMAN ROAD
MIDDLEFIELD, OH 44062

WATER SYSTEM INFORMATION
Name: DUTCH COUNTRY RESTAURANT
PWS ID: OH2854812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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

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

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/

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

PAY THIS AMOUNT: $112.00

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: DUTCH COUNTRY RESTAURANT
Contact NAME: CLIFTON, GINA

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.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2020
Revenue ID: 1393207
Amount Due: $112.00
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.

---

### MISS PATS DAY CARE
8553 HERRICK DR
CHESTERLAND, OH 44026

---

#### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MISS PATS DAY CARE 2 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2855412</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>85</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

#### FEES FOR YEAR 2021

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: $112.00

---

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

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...**
   - 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:** MISS PATS DAY CARE 2 PWS

**Contact NAME:** MISS PATS DAY CARE

**PWS ID:** OH2855412

---

**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

---

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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</thead>
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<td>Revenue ID:</td>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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.

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: ASM INTERNATIONAL
Contact NAME: ASM INTERNATIONAL

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: 12/31/2020
Revenue ID: 1393218
Amount Due: $112.00
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.

Follow these important steps in completing this application:

1. Confirm the water system information... Such as system name, system type, mailing address, and fee amount.

2. Sign... 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.

---

**WATER SYSTEM INFORMATION**

Name: GEAUGA MEDICAL BLDG
PWS ID: OH2860912
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 210
Surface Water Source: No

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

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.

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

1. Confirm the water system information... Such as system name, system type, mailing address, and fee amount.

2. Sign... 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 PWS: Public Water System License to Operate (LFCWS)

PWS NAME: GEAUGA MEDICAL BLDG

Contact NAME: GEAUGA MEDICAL BLDG

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: 12/31/2020
Revenue ID: 1393226
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 

1393226 0000017600 LFCWS 0000000001
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KKR, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>AL MENDEL</td>
</tr>
<tr>
<td>System Type:</td>
<td>THE PATIO LOUNGE</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>OH2862912</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

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

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

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/

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: THE PATIO LOUNGE
Contact NAME: KKR, LLC

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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: TROY HILL GOLF CENTER
Contact NAME: AUBURN CORNERS INVESTMENTS

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

<table>
<thead>
<tr>
<th>Date Code</th>
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<td>LFCWS</td>
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<td>0000011200</td>
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**PUBLIC WATER SYSTEM LICENSE NOTICE**

- **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.**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: MANGIA INC.</th>
<th>PWS ID: OH2868712</th>
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<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served: 150</td>
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</tr>
<tr>
<td>Surface Water Source: No</td>
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**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$176.00</td>
</tr>
</tbody>
</table>

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** MANGIA INC.  **PWS ID:** OH2868712

**CONTACT NAME:** MANGIA INC.

**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:** 12/31/2020
**Revenue ID:** 1393265
**Amount Due:** $176.00
**Type Code:** LFCWS
**Transaction ID:**

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`1393265 0000017600 LFCWS 000000000 3`
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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.

---

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: CIANFAGLIONE FAMILY PARTNERSHIP PWS
Contact NAME: CIANFAGLIONE FAMILY PARTNERSHIP

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: 12/31/2020
Revenue ID: 1393602
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: HAMBDEN COUNTRY INN PWS
Contact NAME: HAMBDEN COUNTRY INN

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: 12/31/2020
Revenue ID: 1393901
Amount Due: $112.00
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.

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: DOLLAR GENERAL #12516 - WEST FARMINGTON</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2876512</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

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...
   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 #12516 - WEST FARMINGTON
Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394300
Amount Due: $112.00
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.

MSTC DEVELOPMENT
556 NILES CORTLAND RD. SE
WARREN, OH 44484

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

WATER SYSTEM INFORMATION

| Name:          | INN AT THE PINES ALF & MC |
| PWS ID:       | OH2876919                |
| System Type:  | COMMUNITY                |
| Number of Service Connections: | 1 |
| Surface Water Source: | No |

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

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: INN AT THE PINES ALF & MC

Contact NAME: MSTC DEVELOPMENT

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: 12/31/2020
Revenue ID: 1394568
Amount Due: $112.00
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.

GEISERT, JAMES
6725 MADISON RD
THOMPSON, OH 44086

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: THOMPSON CENTER MARKET PWS
Contact NAME: GEISERT, JAMES

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: 12/31/2020
Revenue ID: 1394588
Amount Due: $112.00
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.

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2. SIGN...
   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...
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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 #16554 - CHESTERLAND

Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394592
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #17439 - THOMPSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876928</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
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<tr>
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<tr>
<td>Pay this amount:</td>
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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.

### 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

---

### SIGN...
Application MUST be signed and dated in the designated area below.

---

### 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/

---

### 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 #17439 - THOMPSON  
**PWS ID:** OH2876928  
**Contact NAME:** ELLIOTT, KRISTIN

**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: | 12/31/2020 |
| Revenue ID: | 1394626 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394626 0000011200 LFCWS 000000000 0 |
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

- 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>DOLLAR GENERAL #18803 - CLARIDON</td>
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<td>PWS ID:</td>
<td>OH2876938</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

PAY FEES...
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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 #18803 - CLARIDON
Contact NAME: ELLIOTT, KRISTIN

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

<table>
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</tr>
<tr>
<td>Transaction ID:</td>
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</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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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/

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 #19340-CHARDON HAMBDEN PW
Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394838
Amount Due: $112.00
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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1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. SIGN...
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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 20438 - NEWBURY (KINSMAN)
Contact NAME: NEWBURY CENTER DG, LLC

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: 12/31/2020
Revenue ID: 1394856
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WHEELOCK, MATTHEW
PO BOX 19
BURTON, OH 44021

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20889 - TROY BURTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
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</thead>
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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.

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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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...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

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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: 12/31/2020
Revenue ID: 1394879
Amount Due: $112.00
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHESTER PLAZA</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876950</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>276</td>
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<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2021**

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: $176.00

---

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...**
   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:** CHESTER PLAZA

**Contact NAME:** PETRONZIO, MIKE

**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

<table>
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</table>
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #21638 - MONTVILLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876957</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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 #21638 - MONTVILLE  
**PWS ID:** OH2876957

**Contact NAME:** ELLIOTT, KRISTIN

**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: 12/31/2020

Revenue ID: 1394907

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: HOTY, MARK</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2930912</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: BEAVERCREEK FAMILY DENTAL**

**Contact NAME: HOTY, MARK**

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1393414</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
## Water System Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>GLEN HELEN OUTDOOR EDUCATION CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2934012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

## Fees for Year 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

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.

## Important Steps in Completing This Application

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...**
   - 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.

---

**Signature of Owner**: SCHENCK, SHANNON       **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**: 12/31/2020  
**Revenue ID**: 1393415  
**Amount Due**: $112.00  
**Type Code**: LFCWS  
**Transaction ID**: 1393415 0000011200 LFCWS 0000000000
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KNOLLWOOD TAVERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2935812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attended 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: $112.00

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:** KNOLLWOOD TAVERN  
**PWS ID:** OH2935812  
**Contact NAME:** KNOLLWOOD TAVERN

**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:** 12/31/2020  
**Revenue ID:** 1393417  
**Amount Due:** $112.00  
**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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: SANTA FE LOUNGE
Contact NAME: SANTA FE LOUNGE

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: 12/31/2020
Revenue ID: 1393418
Amount Due: $112.00
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SPRING VALLEY OUTDOORS, INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3034312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>4</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$278.00**

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.

---

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

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...**
   - 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: SPRING VALLEY OUTDOORS, INC

Contact NAME: SPRING VALLEY OUTDOORS, INC

**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: | 12/31/2020 |
| Revenue ID: | 1393446 |
| Amount Due: | $278.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393446 0000027800 LFCWS 000000000 9 |
GEORGETOWN WINERY
62920 GEORGETOWN RD
CAMBRIDGE, OH 43725

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>GEORGETOWN WINERY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3054512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

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

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

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/

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: GEORGETOWN WINERY PWS

Contact NAME: GEORGETOWN WINERY

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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FOUR SEASONS MARINA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3139712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: FOUR SEASONS MARINA

Contact NAME: TOWNE PROPERTIES

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.

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: | 12/31/2020 |
| Revenue ID: | 1394090 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394090 0000011200 LFCWS 0000000000 7 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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... 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.

WATER SYSTEM INFORMATION

| Name: UC COURT ARCHAEOLOGICAL FAC PWS | PWS ID: OH3139812 |
| System Type: TRANSIENT NONCOMMUNITY |
| Number of Wells: 1 |
| Surface Water Source: No |

FEES FOR YEAR 2021

| Total | Pay this amount: $112.00 |

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 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: 12/31/2020
Revenue ID: 1394295
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
FINDLAY CITY
318 DORNEY PLZ STE 313
FINDLAY, OH 45840

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

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

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/

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

WATER SYSTEM INFORMATION

Name: FINDLAY CITY
PWS ID: OH3200111
System Type: COMMUNITY
Number of Service Connections: 20234
Surface Water Source: Yes

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $22,257.40

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.

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: FINDLAY CITY
Contact NAME: FINDLAY CITY

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: 12/31/2020
Revenue ID: 1393470
Amount Due: $22,257.40
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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

abeled 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: $416.64

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: MT BLANCHARD VILLAGE
Contact NAME: MT BLANCHARD, VILLAGE OF

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: 12/31/2020
Revenue ID: 1393472
Amount Due: $416.64
Type Code: LFCWS
Transaction ID:
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: SYCAMORE SPRINGS GOLF COURSE
Contact NAME: SYCAMORE SPRINGS GOLF COURSE

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: 12/31/2020
Revenue ID: 1393482
Amount Due: $112.00
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.

FINDLAY DOHP, LLC
9010 OVERLOOK BLVD
BRENTWOOD, TN 37027-5242

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

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

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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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
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.

---

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: KENTON CITY</th>
<th>KENTON CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3300612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3240</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: $4,795.20</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

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**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:** KENTON CITY  
**PWS ID:** OH3300612  
**Contact NAME:** KENTON CITY

**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: 12/31/2020
### Revenue ID: 1393497
### Amount Due: $4,795.20
### 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>REAM-MCELROY VFW POST 9381</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3332412</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** REAM-MCELROY VFW POST 9381  
**PWS ID:** OH3332412

**Contact NAME:** REAM-MCELROY VFW POST

**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: | 12/31/2020 |
| Revenue ID: | 1393503 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393503 0000011200 LFCWS 0000000000 0 |
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.

KENTON CITY
111 W FRANKLIN ST
KENTON, OH 43326-1972

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>FRANCE LAKE AND SAULISBERRY PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3333012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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/

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: FRANCE LAKE AND SAULISBERRY PARK
Contact NAME: KENTON CITY

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.

Pay to: Treasurer, State of Ohio

Due Date: 12/31/2020
Revenue ID: 1393504
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Treasurer, State of Ohio
PO BOX 77005
Cleveland, OH 44194-7005
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. SIGN...
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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: DOLLAR GENERAL STORE DUNKIRK 20694
Contact NAME: ELLIOT, KRISTEN

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: 12/31/2020
Revenue ID: 1394875
Amount Due: $112.00
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.

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

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1394882

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PFEIFFER STATION GENERAL STORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3335716</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

---

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

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...**
   - 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:** PFEIFFER STATION GENERAL STORE

**Contact NAME:** PFEIFFER STATION GENERAL STORE

---

**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: 12/31/2020

Revenue ID: 1394882

Amount Due: $112.00

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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: CADIZ VILLAGE PWS
Contact NAME: CADIZ, VILLAGE OF
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: | 12/31/2020 |
| Revenue ID: | 1393509 |
| Amount Due: | $2,684.16 |
| Type Code: | LFCWS |
| Transaction ID: | 1393509 0000268416 LFCWS 000000000 6 |
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.

---

CLAY, SHON  
31360 CADIZ-PIEDMONT ROAD  
PIEDMONT, OH 43983

---

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...  
   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: CLAYS DRIVE IN  
Contact NAME: CLAY, SHON

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: 12/31/2020  
Revenue ID: 1393523  
Amount Due: $112.00  
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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: ANDIS POINT DRIVE IN</th>
<th>PWS ID: OH3433812</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Pay this amount:</td>
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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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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  **PWS ID:** OH3433812

**Contact NAME:** ANDIS POINT DRIVE-IN

**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: | 12/31/2020 |
| Revenue ID: | 1393655 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393655 0000011200 LFCWS 0000000000 b |
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: HOPEDALE MINING LLC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH3439212</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 99</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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/

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

ATTACH A COPY OF THIS FORM TO YOUR APPLICATION.

DETAILED INSTRUCTIONS FOR PAYMENT ARE ATTACHED.

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: HOPEDALE MINING LLC
Contact NAME: HOPEDALE MINING LLC

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: 12/31/2020
Revenue ID: 1393892
Amount Due: $112.00
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.  

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HAMLER VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3500312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>280</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $537.60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
</tbody>
</table>

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.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** HAMLER VILLAGE  
**PWS ID:** OH3500312  
**Contact NAME:** HAMLER VILLAGE

**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

<table>
<thead>
<tr>
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<th>12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1393660</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$537.60</td>
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<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>LFCWS</td>
</tr>
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</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: FLORIDA VILLAGE
Contact NAME: FLORIDA, VILLAGE OF

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: 12/31/2020
Revenue ID: 1393665
Amount Due: $453.12
Type Code: LFCWS
Transaction ID: 1393665 0000045312 LFCWS 000000000 7
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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... 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.

---

LEESBURG, VILLAGE OF
57 SOUTH FAIRFIELD STREET
PO BOX 305
LEESBURG, OH 45135

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>PWS ID:</td>
<td></td>
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<tr>
<td>System Type:</td>
<td></td>
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<tr>
<td>Number of Service Connections:</td>
<td>535</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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: $1,027.20

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: LEESBURG VILLAGE
Contact NAME: LEESBURG, VILLAGE OF

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: 12/31/2020
Revenue ID: 1393677
Amount Due: $1,027.20
Type Code: LFCWS
Transaction ID: 1393677 0000102720 LFCWS 000000000
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.

---

**WATER SYSTEM INFORMATION**

Name: SKYLINE TRAILER COURT  
PWS ID: OH3701012  
System Type: COMMUNITY  
Number of Service Connections: 47  
Surface Water Source: No

---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

```
Pay this amount: $112.00
```

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.

---

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

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...**
   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: TREAURER 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: SKYLINE TRAILER COURT  
PWS ID: OH3701012  
Contact NAME: SKYLINE TRAILER COURT

**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

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<table>
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<td>Revenue ID:</td>
<td>1393687</td>
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<tr>
<td>Amount Due:</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MAJESTIC OAKS LODGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH3740513</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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...
   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: MAJESTIC OAKS LODGE PWS
Contact NAME: MAJESTIC OAKS LODGE

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: 12/31/2020
Revenue ID: 1394388
Amount Due: $112.00
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GLENMONT VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3800312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>115</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$220.80</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: GLENMONT VILLAGE PWS

PWS ID: OH3800312

Contact NAME: GLENMONT WATER BOARD, VILLAGE OF

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: 12/31/2020

Revenue ID: 1393705

Amount Due: $220.80

Type Code: LFCWS

Transaction ID: 0000000000 9
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.

SCENIC POINTE NURSING & REHAB. CENTER
8067 TR 334
MILLERSBURG, OH 44654

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

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

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/

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: CASTLE NURSING HOMES, INC PWS  
PWS ID: OH3801112
Contact NAME: SCENIC POINTE NURSING & REHAB. CENTER

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: 12/31/2020
Revenue ID: 1393711
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1393711 0000011200 LFCWS 0000000000 &
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.

---

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BUNKERHILL CHEESE CO.</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3830712</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>40</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: BUNKERHILL CHEESE CO.  
PWS ID: OH3830712

Contact NAME: BUNKERHILL CHEESE CO.

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.

Treasurer, State of Ohio
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2020
Revenue ID: 1393715
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1393715 0000011200 LFCWS 000000000 4
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

WATER SYSTEM INFORMATION

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

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

---

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

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

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/

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

---

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: 12/31/2020
Revenue ID: 1393716
Amount Due: $112.00
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.

CAMP TOODIK, OWNERS 7700 TR 462 LOUDONVILLE, OH 44842

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
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<td>Name: CAMP TOODIK PWS</td>
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<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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: $112.00

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

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

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/

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: CAMP TOODIK PWS
Contact NAME: CAMP TOODIK, OWNERS

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: 12/31/2020
Revenue ID: 1393717
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

FARMERSTOWN AUCTION INC
2907 TOWNSHIP ROAD 190
BALTIC, OH 43804

WATER SYSTEM INFORMATION

Name: FARMERSTOWN COMMUNITY LIVESTOCK AUCTION
PWS ID: OH3843312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: FARMERSTOWN COMMUNITY LIVESTOCK AUCTION
Contact NAME: FARMERSTOWN AUCTION INC

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: 12/31/2020
Revenue ID: 1393734
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1393734 0000011200 LFCWS 000000000 1
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>STONECRAFT INDUSTRIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3850812</td>
</tr>
<tr>
<td>System Type :</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>60</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

---

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** STONECRAFT INDUSTRIES

**PWS ID:** OH3850812

**Contact NAME:** KENNEDY, PHIL

**SIGNATURE OF OWNER**

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

<table>
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<tr>
<th>Revenue ID:</th>
<th>1394332</th>
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<tbody>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<tr>
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<td>Transaction ID:</td>
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<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
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</table>

1394332 0000011200 LFCWS 000000000 5
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

HOLMES CHEESE CO.
9444 STATE ROUTE 39
MILLERSBURG, OH 44654

WATER SYSTEM INFORMATION
Name: HOLMES CHEESE CO. PWS
PWS ID: OH3850814
System Type : NONCOMMUNITY NONTRANSIENT
Population Served: 40
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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: HOLMES CHEESE CO. PWS
Contact NAME: HOLMES CHEESE CO.

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: 12/31/2020
Revenue ID: 1394565
Amount Due: $112.00
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.**

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID: 1393756**

**NORWALK, CITY OF**  
**38 WHITTLESEY AVE**  
**NORWALK, OH 44857**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NORWALK CITY</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3901111</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>7059</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $10,023.78 |

---

**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**

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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: NORWALK CITY  
Contact NAME: NORWALK, CITY OF  

**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: | 12/31/2020 |
| Revenue ID: | 1393756 |
| Amount Due: | $10,023.78 |
| Type Code: | LFCWS |
| Transaction ID: | 1393756 0001002378 LFCWS 000000000 7 |
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.

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
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<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td></td>
</tr>
</tbody>
</table>

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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 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/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: JACKSON CO. WATER COMPANY-O
Contact NAME: JACKSON COUNTY WATER CO, INC.

**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
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.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>JACKSON CO. WATER COMPANY-P</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4001903</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>27</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**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 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

---

### Important Steps in Completing This Application

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...**
   - 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/](http://epa.ohio.gov/)

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

---

**Payment Details**

- **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:** 12/31/2020

**Revenue ID:** 1393773

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
WELLSTON, CITY OF  
203 EAST BROADWAY  
WELLSTON, OH 45692

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>Name</td>
<td>WELLSTON CITY PWS</td>
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<tr>
<td>PWS ID:</td>
<td>OH4001912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>2275</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
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</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $4,368.00</td>
</tr>
</tbody>
</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: WELLSTON CITY PWS  
Contact NAME: WELLSTON, CITY OF

**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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<td>12/31/2020</td>
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<tr>
<td>Revenue ID:</td>
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</tr>
<tr>
<td>Amount Due:</td>
<td>$4,368.00</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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</table>
**PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1393581

- 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.

---

**JACKSON COUNTY WATER COMPANY, INC.**
P.O. BOX 309
124 WEST HURON STREET
JACKSON, OH 45640

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JACKSON CO. WATER COMPANY-WTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4002012</td>
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<tr>
<td>System Type:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount:</th>
</tr>
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<tbody>
<tr>
<td>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.</td>
<td>$9,255.56</td>
</tr>
</tbody>
</table>

---

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...**
   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: JACKSON CO. WATER COMPANY-WTP
Contact NAME: JACKSON COUNTY WATER COMPANY, INC.

**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

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<table>
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<td>Revenue ID:</td>
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<td>Amount Due:</td>
<td>$9,255.56</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: BRILLIANT WATER AND SEWER
Contact NAME: BRILLIANT W & SD

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.

<table>
<thead>
<tr>
<th>Revenue ID: 1393775</th>
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<tbody>
<tr>
<td>Amount Due: $1,200.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
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</table>

1393775 0000120000 LFCWS 0000000000 3
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: DILLONVALE
Contact NAME: DILLONVALE, VILLAGE OF

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: 12/31/2020
Revenue ID: 1393776
Amount Due: $958.08
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

JEFFERSON COUNTY COMMISSIONERS
301 MARKET ST
STEUBENVILLE, OH 43952

2021 PUBLIC WATER SYSTEM LICENSE NOTICE

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

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

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/

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

WATER SYSTEM INFORMATION
Name: JEFFERSON CO W AND S DISTRICT- A
PWS ID: OH4100803
System Type: COMMUNITY
Number of Service Connections: 1581
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $3,035.52

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.

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: JEFFERSON CO W AND S DISTRICT- A PWS ID: OH4100803
Contact NAME: JEFFERSON COUNTY COMMISSIONERS

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: 12/31/2020
Revenue ID: 1393777
Amount Due: $3,035.52
Type Code: LFCWS
Transaction ID: 1393777 0000303552 LFCWS 000000000 0
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JEFFERSON CO W&amp;S DISTRICT-J</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4101003</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>286</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $549.12</td>
</tr>
</tbody>
</table>

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.

---

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**SIGNATURE OF OWNER**

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:** 12/31/2020

**Revenue ID:** 1393778

**Amount Due:** $549.12

**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.

| JEFFERSON COUNTY COMMISSIONERS |
| 301 MARKET ST |
| STEUBENVILLE, OH 43952 |

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: JEFFERSON CO W AND S DISTRICT - M
Contact NAME: JEFFERSON COUNTY COMMISSIONERS

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: 12/31/2020
Revenue ID: 1393779
Amount Due: $7,966.20
Type Code: LFCWS
Transaction ID: 1393779 00000796620 LFCWS 0000000000 7
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: JEFFERSON CO W&S DISTRICT- O
Contact NAME: JEFFERSON COUNTY COMMISSIONERS

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.

Pay to: Treasurer, State of Ohio
Due Date: 12/31/2020
Revenue ID: 1393780
Amount Due: $288.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Invoice/Revenue ID: 1393780
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #12517 - AMSTERDAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4103212</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

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

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**
   - 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 #12517 - AMSTERDAM  
**PWS ID:** OH4103212  
**Contact NAME:** DG STRATEGIC II LLC

**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: | 12/31/2020 |
| Revenue ID: | 1394308 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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...**
   - 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.

---

**VESS, LAURIE**

512 S. MARKET ST.
P.O. BOX W
DANVILLE, OH 43014

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>DANVILLE VILLAGE PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH4200112</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>478</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $917.76 |

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.

**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:** DANVILLE VILLAGE PWS

**Contact NAME:** VESS, LAURIE

**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.

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1393933</td>
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<tr>
<td>Amount Due:</td>
<td>$917.76</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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.

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

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** WESTGATE MOBILE HOME COMMUNITY  
**PWS ID:** OH4201712  
**Contact NAME:** WESTGATE MOBILE HOME COMMUNITY

**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: | 12/31/2020 |
| Revenue ID: | 1393939 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

---

**WESTGATE MOBILE HOME COMMUNITY**  
900 HARcourt ROAD  
MT. VERNON, OH 43050

**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1393939

**WATER SYSTEM INFORMATION**

| Name: | WESTGATE MOBILE HOME COMMUNITY |
| PWS ID: | OH4201712 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 84 |
| Surface Water Source: | No |

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$176.00</td>
</tr>
</tbody>
</table>

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.

---

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...**
   - 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.**
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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.

GRANDVIEW MHP "B"
4425 W AIRPORT FREEWAY #475
IRVING, TX 75062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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... 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: GRANDVIEW MHP B
Contact NAME: GRANDVIEW MHP "B"

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: 12/31/2020
Revenue ID: 1393604
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GRANDVIEW MHP A PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4202712</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>44</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

---

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

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

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/

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:** GRANDVIEW MHP A PWS

**Contact NAME:** GRANDVIEW MHP "A"

**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: | 12/31/2020 |
| Revenue ID: | 1393935 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393935 0000011200 LFCWS 0000000000 8 |
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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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

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

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

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: 12/31/2020
Revenue ID: 1393942
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

---

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: RED FERN GIFTS & ESSENTIALS LLC
PWS ID: OH4230412

Contact NAME: RED FERN GIFTS & ESSENTIALS LLC

SIGNATURE OF OWNER ___________________________ DATE ___________________________
MOHICAN RESERVATION CAMPGROUND
23270 WALLY RD
LOUDONVILLE, OH 44842

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: MOHICAN RESERVATION CAMP
Contact NAME: MOHICAN RESERVATION CAMPGROUND

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: 12/31/2020
Revenue ID: 1393953
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

| Name: | KENYON COLLEGE BROWN FAMILY ENVIRONMENTA |
| PWS ID: | OH4240812 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

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

SIGN...

Application MUST be signed and dated in the designated area below.

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/

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: KENYON COLLEGE BROWN FAMILY ENVIRONMENTA |
| PWS ID: OH4240812 |
| Contact NAME: KENYON COLLEGE BFEC CLASSROOM |

**SIGNATURE OF OWNER**

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: | 12/31/2020 |
| Revenue ID: | 1393580 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393580 0000011200 LFCWS 000000000 6 |
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.

---

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20078 - MT VERNON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4244717</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: $112.00

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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 #20078 - MT VERNON

**Contact NAME:** ELLIOTT, KRISTIN

**SIGNATURE OF OWNER** ___________________________  **DATE** ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

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: 12/31/2020

Revenue ID: 1394858

Amount Due: $112.00

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.

COLLERAN, BRIAN
25000 COUNTRY CLUB BLVD
NORTH OLMSTED, OH 44070

WATER SYSTEM INFORMATION

| Name:       | STEWART LODGE |
|            | OH4302212     |
| System Type: | COMMUNITY     |
| Number of Service Connections: | 1 |
| Surface Water Source: | No |

FEES FOR YEAR 2021

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. | TOTAL |

Pay this amount: $112.00

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

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

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/

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: STEWART LODGE
Contact NAME: COLLERAN, BRIAN

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: 12/31/2020
Revenue ID: 1393960
Amount Due: $112.00
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.

LEROY COUNTRY STORE
12868 PAINESVILLE WARREN ROAD
LEROY TOWNSHIP, OH 44077

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
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: LEROY COUNTRY STORE
Contact NAME: LEROY COUNTRY STORE

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: 12/31/2020
Revenue ID: 1393971
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
FREED, JASON
JONES ESTATES, LLC
2310 S MIAMI BLVD, STE 238
DURHAM, NC 27703

WATER SYSTEM INFORMATION
Name: LAKESHORE COURT MOBILE HOME
PWS ID: OH4500212
System Type: COMMUNITY
Number of Service Connections: 35
Surface Water Source: No

Fees for Year 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Follow these important steps in completing this application
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... 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.

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: 12/31/2020
Revenue ID: 1393981
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NEWARK, CITY OF
C/O WATER ADMINISTRATOR
34 S FIFTH ST
NEWARK, OH 43055

WATER SYSTEM INFORMATION
Name: NEWARK CITY PWS
PWS ID: OH4502314
System Type: COMMUNITY
Number of Service Connections: 19351
Surface Water Source: Yes

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach 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.</td>
<td>Pay this amount: $21,286.10</td>
</tr>
</tbody>
</table>

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

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

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/

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: NEWARK CITY PWS
Contact NAME: NEWARK, CITY OF

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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   - 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.

WATER SYSTEM INFORMATION

Name: SUBURBAN MOBILE HOME PARK
PWS ID: OH4502812
System Type: COMMUNITY
Number of Service Connections: 44
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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

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: | 12/31/2020 |
| Revenue ID: | 1393993 |
| Amount Due: | $112.00 |
| 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.

WILKINS MOBILE HOME PARK
200 SECOND ST NE
MARY ANN TOWNSHIP
NEWARK, OH 43055

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: WILKINS MOBILE HOME PARK
Contact NAME: WILKINS MOBILE HOME PARK

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: 12/31/2020
Revenue ID: 1393996
Amount Due: $176.00
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.

---

ALEXANDRIA, VILLAGE OF
4 W MAIN ST
PO BOX 96
ALEXANDRIA, OH 43001

WATER SYSTEM INFORMATION

| Name: | ALEXANDRIA VILLAGE PWS |
| PWS ID: | OH4504203 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 176 |
| Surface Water Source: | No |

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$337.92</td>
</tr>
</tbody>
</table>

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.

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

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

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/

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

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

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: ALEXANDRIA VILLAGE PWS
Contact NAME: ALEXANDRIA, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE __________

Due Date: 12/31/2020
Revenue ID: 1393998
Amount Due: $337.92
Type Code: LFCWS
Transaction ID:

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

---
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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: VILLA VISTA MOBILE HOME</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4504312</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 105</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $201.60

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.

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

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

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/

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: VILLA VISTA MOBILE HOME
Contact NAME: RUBY, DAVID

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: 12/31/2020
Revenue ID: 1393999
Amount Due: $201.60
Type Code: LFCWS
Transaction ID: 1393999 0000020160 LFCWS 0000000000
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUNSET INN RESTAURANT</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUNSET INN RESTAURANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4537112</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**TOTAL**

Pay this amount: $112.00

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** SUNSET INN RESTAURANT

**Contact NAME:** SUNSET INN RESTAURANT

**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

---

| Revenue ID: | 1394006 |
| DUE DATE: | 12/31/2020 |
| Amount Due: | $112.00 |
| 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HILLCREST GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4541612</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

---

**FOLLOW THESE IMPORTANT STEPS IN Completing this Application**

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...**
   - 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:** HILLCREST GOLF COURSE

**Contact NAME:** HILLCREST GOLF COURSE

**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

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<th>Due Date:</th>
<th>12/31/2020</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1394009</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1394009 0000011200 LFCWS 0000000000 7</td>
</tr>
</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. SIGN...
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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...
   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: JENKINS SUNOCO SERVICE STATION

Contact NAME: CERTIFIED OIL CO.

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: 12/31/2020
Revenue ID: 1394010
Amount Due: $112.00
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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HANOVER SUNOCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4545712</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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

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...**
   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: HANOVER SUNOCO

Contact NAME: HANOVER SUNOCO -

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

<table>
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<th>Due Date: 12/31/2020</th>
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<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>
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.

---

**TRUCKOMAT FUEL CENTER**  
P.O. BOX 639  
WALCOTT, IA 52773

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TRUCKOMAT FUEL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4557112</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |

| Pay this amount: | $112.00 |

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.

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

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...  
   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: TRUCKOMAT FUEL CENTER  
Contact NAME: TRUCKOMAT FUEL CENTER  

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: | 12/31/2020 |
| Revenue ID: | 1394032 |
| Amount Due: | $112.00 |
| 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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

CERTIFIED GAS STATION #423
165 FLANDERS ROAD
WESTBOROUGH, MA 01581

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>PWS ID: OH4559512</td>
<td></td>
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<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells: 1</td>
<td></td>
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<tr>
<td>Surface Water Source: N</td>
<td></td>
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</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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: CERTIFIED GAS STATION #423
Contact NAME: CERTIFIED GAS STATION #423
PWS ID: OH4559512

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: 12/31/2020
Revenue ID: 1394036
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394036 0000011200 LFCWS 000000000 4
**WATER SYSTEM INFORMATION**

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<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name</td>
<td>IRONGATE EQUESTRIAN CENTER PWS</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH4561412</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
</table>

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** IRONGATE EQUESTRIAN CENTER PWS

**PWS ID:** OH4561412

**Contact NAME:** IRONGATE EQUESTRIAN CENTER

**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:** 12/31/2020

**Revenue ID:** 1393567

**Amount Due:** $112.00

**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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: 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: 12/31/2020
Revenue ID: 1394664
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WILLIAMSON, CHARLES
4023 MEADOWBROOK DR
UNIT 113
LONDON, ON

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

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

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/

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: WHISPERING VALLEY MHP
Contact NAME: WILLIAMSON, CHARLES

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: 12/31/2020
Revenue ID: 1394173
Amount Due: $112.00
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WEST LIBERTY VILLAGE PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
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<td>Number of Service Connections:</td>
<td>886</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$1,701.12</td>
</tr>
</tbody>
</table>

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: WEST LIBERTY VILLAGE PWS

Contact NAME: WEST LIBERTY, VILLAGE OF

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: 12/31/2020
Revenue ID: 1394185
Amount Due: $1,701.12
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

INDIAN LAKE REHABILITATION CENTER
14442 STATE ROUTE 33 WEST
LAKEVIEW, OH 43331

**WATER SYSTEM INFORMATION**

| Name: | INDIAN LAKE REHABILITATION CENTER |
| PWS ID: | OH4602612 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 2 |
| Surface Water Source: | No |

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

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

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

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/

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:** INDIAN LAKE REHABILITATION CENTER  
**PWS ID:** OH4602612

**Contact NAME:** INDIAN LAKE REHABILITATION CENTER

**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: 12/31/2020  
Revenue ID: 1394187  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID: 

1394187 0000011200 LFCWS 0000000001
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.

CREE PARK
MARK FLEMING
11158 POCOHANTAS PATH
LAKEVIEW, OH 43331

WATER SYSTEM INFORMATION

Name: CREE PARK
PWS ID: OH4632412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attended 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: $112.00

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

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

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/

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: CREE PARK
Contact NAME: CREE PARK

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: 12/31/2020
Revenue ID: 1394199
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name:    | MAD RIVER MOUNTAIN |
| PWS ID:  | OH4634212          |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 2 |
| Surface Water Source: | No |

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

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

SIGN...

Application MUST be signed and dated in the designated area below.

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/

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: MAD RIVER MOUNTAIN

Contact NAME: MAD RIVER MOUNTAIN

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:       | 12/31/2020 |
| Revenue ID:     | 1394203    |
| Amount Due:     | $112.00    |
| Type Code:      | LFCWS      |
| Transaction ID: | 1394203    |
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

- 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.

YMCA WILLSON CENTER
2732 CO RD 11
BELLEFONTAINE, OH 43311

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

WATER SYSTEM INFORMATION

| Name: YMCA WILLSON CENTER-DINING PWS | OH4639212 |
| System Type: TRANSIENT NONCOMMUNITY |  |
| Number of Wells: 1 |  |
| Surface Water Source: No |  |

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

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: YMCA WILLSON CENTER-DINING PWS

Contact NAME: YMCA WILLSON CENTER

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: 12/31/2020

Revenue ID: 1394219

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:
**WATER SYSTEM INFORMATION**

- **Name:** ZANE SHAWNEE Caverns
- **PWS ID:** OH4642012
- **System Type:** TRANSIENT NONCOMMUNITY
- **Number of Wells:** 1
- **Surface Water Source:** No

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Name</th>
<th>ZANE SHAWNEE CAVERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH4642012</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/](http://epa.ohio.gov/)

**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:** ZANE SHAWNEE CAVERNS

**Contact NAME:** ZANE SHAWNEE CAVERNS

**SIGNATURE OF OWNER**

---

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:** 12/31/2020

**Revenue ID:** 1394222

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
HONDA TRANSMISSION MFG OF AMERICA INC  
ATTN: GEORDAN PFLUG  
6964 STATE RTE 235 N  
RUSSELLS POINT, OH 43348

**WATER SYSTEM INFORMATION**

- **Name:** HONDA TRANSMISSION MANUFACTURING OF AMER  
  **PWS ID:** OH4642712  
- **System Type:** NONCOMMUNITY NONTRANSIENT  
- **Population Served:** 1600  
- **Surface Water Source:** No

**Fees for Year 2021**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: $1,268.00 |

**Confirm the Water System Information...**

- Such as System Name, System Type, Mailing Address, and Fee Amount.  
- If this information is incorrect contact Southwestern District Office - DDAGW at 937-285-6357

**Sign...**

- Application MUST be signed and dated in the designated area below.

**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/](http://epa.ohio.gov/)

**Return Application Promptly...**

- Return the signed application along with the appropriate fee by the DUE DATE listed below.

**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:** 12/31/2020  
**Revenue ID:** 1394225  
**Amount Due:** $1,268.00  
**Type Code:** LFCWS  
**Transaction ID:**  

---

1394225 0000126800 LFCWS 000000000 4
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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ACHESON RESORT</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4643212</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

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Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

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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: ACHESON RESORT

Contact NAME: ACHESON RESORT

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: | 12/31/2020 |
| Revenue ID: | 1394228 |
| Amount Due: | $112.00 |
| 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 THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HONDA EAST LIBERTY WTP
Contact NAME: HONDA OF AMERICA MFG INC

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: 12/31/2020
Revenue ID: 1394229
Amount Due: $2,816.00
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.

---

**YMCA WILLSON CENTER**  
2732 CO RD 11  
BELLEFONTAINE, OH 43311

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>YMCA WILLSON CENTER-RANCH PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4645812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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**FEES FOR YEAR 2021**

<table>
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**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: YMCA WILLSON CENTER-RANCH PWS  
PWS ID: OH4645812

Contact NAME: YMCA WILLSON CENTER

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: 12/31/2020
Revenue ID: 1394240
Amount Due: $112.00
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.

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

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**
   - 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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HUNTSVILLE MARASTOP PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4648212</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2021**

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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: | 12/31/2020 |
| Revenue ID: | 1393549 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393549 0000011200 LFCWS 0000000000 6 |

**Signature of Owner** _____________________________ **Date** ____________

**DDAGW PW - Public Water System License to Operate (LFCWS)**
**PWS NAME:** HUNTSVILLE MARASTOP PWS
**Contact NAME:** V E BEARD OIL COMPANY INC

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

## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKEVIEW MARATHON</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4650312</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

| TOTAL | Pay this amount: | $112.00 |

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

SIGN...

Application MUST be signed and dated in the designated area below.

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

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: LAKEVIEW MARATHON  
PWS ID: OH4650312

Contact NAME: LAKEVIEW MARATHON

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: 12/31/2020

Revenue ID: 1393824

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:
**DOLLAR GENERAL CORP**
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #12321 - LAKEVIEW PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4652614</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

### FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

---

**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**

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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 #12321 - LAKEVIEW PWS

Contact NAME: DOLLAR GENERAL CORP

---

**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

---

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1394412</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
</tbody>
</table>

---

1394412 0000011200 LFCWS 000000000 8
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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...**
   - 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #16261 - HUNTSVILLE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4652620</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: | **$112.00** |

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.

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 #16261 - HUNTSVILLE PWS  
**PWS ID:** OH4652620  
**Contact NAME:** ELLIOTT, KRISTIN

**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: | 12/31/2020 |
| Revenue ID: | 1394581 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394581 0000011200 LFCWS 000000000 3 |
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

Invoice/Revenue ID: 1394895

- 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

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...
   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 #21022-BELLE CENTER
Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394895
Amount Due: $112.00
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.

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...
   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: LORAIN CITY PWS
Contact NAME: LORAIN, CITY OF

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: 12/31/2020
Revenue ID: 1394251
Amount Due: $27,579.76
Type Code: LFCWS
Transaction ID:

1394251 0002757976 LFCWS 0000000001
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1393564

- 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.

---

**PHEASANT RUN ASSOCIATION**
**200 EASTLAKE DR**
**P.O. BOX 522**
**LAGRANGE, OH 44050**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PHEASANT RUN ASSOCIATION PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4701912</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>529</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$1,015.68</td>
</tr>
</tbody>
</table>

---

**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

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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.**

<table>
<thead>
<tr>
<th>DDAGW PWS</th>
<th>Public Water System License to Operate (LFCWS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS NAME:</td>
<td>PHEASANT RUN ASSOCIATION PWS</td>
</tr>
<tr>
<td>Contact NAME:</td>
<td>PHEASANT RUN ASSOCIATION</td>
</tr>
</tbody>
</table>

**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: | 12/31/2020 |
| Revenue ID: | 1393564 |
| Amount Due: | $1,015.68 |
| Type Code: | LFCWS |
| Transaction ID: | 1393564 0000101568 LFCWS 000000000 7 |
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.

THE NEW BONO TAVERN LLC
1001 GRANT STREET
MARTIN, OH 43445

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: THE NEW BONO TAVERN
Contact NAME: THE NEW BONO TAVERN LLC

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

<table>
<thead>
<tr>
<th>Water System Information</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Name: THE NEW BONO TAVERN</td>
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<tr>
<td>PWS ID: OH4833412</td>
<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td>Pay this amount: $112.00</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fees for Year 2021</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
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<tr>
<td>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.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1394272</th>
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<tr>
<td>Due Date: 12/31/2020</td>
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<tr>
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<td>Amount Due: $112.00</td>
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<tr>
<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
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.

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BIG SANDY CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4837812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>2</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: BIG SANDY CAMPGROUND

Contact NAME: BIG SANDY CAMPGROUND INC

**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: 12/31/2020
Revenue ID: 1394279
Amount Due: $112.00
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.

DRIVER PROPERTIES LLC
PO BOX 66
SWANTON, OH 43558

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: HIDDEN LAKE CAMPGROUND
Contact NAME: DRIVER PROPERTIES LLC

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: 12/31/2020
Revenue ID: 1394281
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>THE ROADHOUSE RESTAURANT - SWANTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4840712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
</table>

Pay this amount: **$112.00**

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.

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...
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3. PAY FEES...
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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: THE ROADHOUSE RESTAURANT - SWANTON

Contact NAME: TODD W LLC

SIGNATURE OF OWNER ________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

TODD W LLC
10150 WEST CENTRAL AVE
SYLVANIA, OH 43560

Due Date: 12/31/2020
Revenue ID: 1394293
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS 000000000 2

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BLUEGRASS CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4843112</td>
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<tr>
<td>System Type :</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>2</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

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</thead>
<tbody>
<tr>
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**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** BLUEGRASS CAMPGROUND

**PWS ID:** OH4843112

**Contact NAME:** TWO TENT LLC

**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: | 12/31/2020 |
| Revenue ID: | 1394422 |
| Amount Due: | $112.00 |
| 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: CANAAN COMMUNITY MHP

Contact NAME: MOORE ENTERPRISES

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: 12/31/2020
Revenue ID: 1394427
Amount Due: $330.24
Type Code: LFCWS
Transaction ID: 
MOORE ENTERPRISES  
4425 WEST AIRPORT FREEWAY #475  
IRVING, TX 75062

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: JEFFERSON LODGE MOBILE HOME</th>
<th>System Type: COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH4900612</td>
<td>Number of Service Connections: 125</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $240.00</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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

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/

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

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
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.

SPRING VALLEY MHP
P.O. BOX 409
LONDON, OH 43140

WATER SYSTEM INFORMATION
Name: SPRING VALLEY MHP
PWS ID: OH4901412
System Type: COMMUNITY
Number of Service Connections: 46
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: SPRING VALLEY MHP
Contact NAME: SPRING VALLEY MHP

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: 12/31/2020
Revenue ID: 1394438
Amount Due: $112.00
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.

MOORE ENTERPRISES
4425 WEST AIRPORT FREEWAY #475
IRVING, TX 75062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

SIGN...

Application MUST be signed and dated in the designated area below.

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/

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: GREEN MEADOWS MOBILE HOME PARK
Contact NAME: MOORE ENTERPRISES

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.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2020
Revenue ID: 1394441
Amount Due: $654.72
Type Code: LFCWS
Transaction ID: 

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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.

LONDON COUNTRY CLUB
1199 SPRINGVALLEY ROAD SE
LONDON, OH 43140

PUBLIC WATER SYSTEM LICENSE NOTICE

WATER SYSTEM INFORMATION

| Name: | LONDON COUNTRY CLUB |
| PWS ID: | OH4933912 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

FEES FOR YEAR 2021

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. | TOTAL |
| Pay this amount: | $112.00 |

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

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

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/

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: LONDON COUNTRY CLUB
Contact NAME: LONDON COUNTRY CLUB

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: 12/31/2020
Revenue ID: 1394446
Amount Due: $112.00
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.

## FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**
   - 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:** PROCTER CONFERENCE CENTER
**Contact NAME:** PROCTER CONFERENCE CENTER

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: PROCTER CONFERENCE CENTER</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4936212</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

---

**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: | 12/31/2020 |
| Revenue ID: | 1394447 |
| Amount Due: | $112.00 |
| 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.

---

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

---

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20756 - MOUNT STERLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4946320</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

Fees for Year 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

SIGN...

APPLICATION MUST BE SIGNED AND DATED IN THE DESIGNATED AREA BELOW.

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/

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 #20756 - MOUNT STERLING

PWS ID: OH4946320

Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394864
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394864 0000011200 LFCWS 0000000001
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>COLONIAL VILLA MHC, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5000612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>173</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$332.16**

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.

**CONFIRM THE WATER SYSTEM INFORMATION…**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN…**

Application MUST be signed and dated in the designated area below.

**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/

**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: COLONIAL VILLA MHC, LLC

Contact NAME: COLONIAL VILLA MHC, LLC -

**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: 12/31/2020
Revenue ID: 1394466
Amount Due: $332.16
Type Code: LFCWS
Transaction ID: 1394466 000003216 LFCWS 000000000 3
TAUBE, DARREN
2101 NW CORPORATE BOULEVARD
SUITE 410
BOCA RATON, FL 33431

WATER SYSTEM INFORMATION
Name: GLEN AT STATE LINE MHP 2 PWS
PWS ID: OH5002112
System Type: COMMUNITY
Number of Service Connections: 69
Surface Water Source: No

FEES FOR YEAR 2021
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: $176.00

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

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

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/

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: GLEN AT STATE LINE MHP 2 PWS
Contact NAME: TAUBE, DARREN

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: 12/31/2020
Revenue ID: 1394472
Amount Due: $176.00
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.

YOUNGSTOWN, CITY OF
26 S. PHELPS ST
PO BOX 6219
YOUNGSTOWN, OH 44501-6219

WATER SYSTEM INFORMATION
Name: YOUNGSTOWN CITY PWS
PWS ID: OH5002303
System Type: COMMUNITY
Number of Service Connections: 52100
Surface Water Source: Yes

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

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

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/

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: YOUNGSTOWN CITY PWS
Contact NAME: YOUNGSTOWN, CITY OF

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: 12/31/2020
Revenue ID: 1394473
Amount Due: $47,932.00
Type Code: LFCWS
Transaction ID:

1394473 0004793200 LFCWS 000000000 0
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.

TAUBE, DARREN
2101 NW CORPORATE BOULEVARD
SUITE 410
BOCA RATON, FL 33431

WATER SYSTEM INFORMATION
Name: GLEN AT STATE LINE MHP 1 PWS
PWS ID: OH5002812
System Type: COMMUNITY
Number of Service Connections: 29
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: GLEN AT STATE LINE MHP 1 PWS
Contact NAME: TAUBE, DARREN

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: 12/31/2020
Revenue ID: 1394474
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394474 0000011200 LFCWS 000000000 3
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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: KING’S MOTEL - EAST</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5031212</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: 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.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2020 |
| Revenue ID: | 1394476 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 0000011200 |
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.

---

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**BEDFORD TRAILS GOLF COURSE**
713 BEDFORD RD
LOWELLVILLE, OH 44436

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BEDFORD TRAILS GOLF COURSE</th>
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<tr>
<td>PWS ID:</td>
<td>OH5040912</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
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<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: BEDFORD TRAILS GOLF COURSE
Contact NAME: BEDFORD TRAILS GOLF COURSE

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: 12/31/2020
Revenue ID: 1394486
Amount Due: $112.00
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.

---

**WATER SYSTEM INFORMATION**

Name: LAKE MILTON - BERLIN KOA NORTH WELL PWS
PWS ID: OH5043312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
</table>

Pay this amount: **$112.00**

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.

---

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

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...**
   - 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:** LAKE MILTON - BERLIN KOA NORTH WELL PWS

**PWS ID:** OH5043312

**Contact NAME:** LUSVARGHI, FERNANDO

---

**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: | 12/31/2020 |
| Revenue ID: | 1394488 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394488 0000011200 LFCWS 0000000000 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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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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: LAKE MILTON - BERLIN KOA SOUTH WELL PWS
Contact NAME: LUSVARGHI, FERNANDO

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: 12/31/2020
Revenue ID: 1394489
Amount Due: $112.00
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.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   - 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: FLYING B GOLF COURSE
Contact NAME: FLYING B GOLF COURSE

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: 12/31/2020
Revenue ID: 1394497
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394497 0000011200 LFCWS 000000000 6
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.

---

**WATER SYSTEM INFORMATION**

Name: EAGLE DEVELOPING CORP.
PWS ID: OH5053612
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 241
Surface Water Source: No

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$176.00</td>
</tr>
</tbody>
</table>

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.

---

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

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...**
   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: PEABERRY PLAZA
Contact NAME: EAGLE DEVELOPING CORP.

**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:** 12/31/2020  
**Revenue ID:** 1393597  
**Amount Due:** $176.00  
**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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...
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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: ELLSWORTH TOWNSHIP PWS
PWS ID: OH5054512
Contact NAME: ELLSWORTH TOWNSHIP
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: 12/31/2020
Revenue ID: 1394103
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394103 0000011200 LFCWS 000000000 2
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.

KINGS MOTEL
6965 MCCARTNEY ROAD
LOWELVILLE, OH 44436

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
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<tr>
<td><strong>PWS ID:</strong></td>
</tr>
<tr>
<td><strong>System Type:</strong></td>
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<tr>
<td><strong>Number of Wells:</strong></td>
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<tr>
<td><strong>Surface Water Source:</strong></td>
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<table>
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<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
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</tr>
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</table>

Pay this amount: $112.00

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

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

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/

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: KINGS MOTEL - WEST

Due Date: 12/31/2020
Revenue ID: 1394585
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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
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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**CONFIRM THE WATER SYSTEM INFORMATION...**
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IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>COUNTRY PANTRY INC / MARATHON PWS</th>
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<tr>
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<tr>
<td>System Type :</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

---

**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 PANTRY INC / MARATHON PWS  
**PWS ID:** OH5055017

**Contact NAME:** SUNRISE CONVENIENT INC

**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: | 12/31/2020 |
| Revenue ID: | 1394493 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
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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 #17813 - ELLSWORTH
Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394641
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394641 0000011200 LFCWS 0000000000 1
JONES ESTATES OAKRIDGE LLC
2310 SOUTH MIAMI BOULEVARD #239
DURHAM, NC 27703

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
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: OAKRIDGE ESTATES
Contact NAME: JONES ESTATES OAKRIDGE LLC

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: 12/31/2020
Revenue ID: 1394502
Amount Due: $213.12
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

BROOKSIDE POOL & RECREATION CENTER
KEN SPIEGEL
132 OWENS RD W
MARION, OH 43302

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>BROOKSIDE POOL AND RECREATION CENTER PWS</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OHS132712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td><strong>$112.00</strong></td>
</tr>
</tbody>
</table>

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.

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...
   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: BROOKSIDE POOL AND RECREATION CENTER PWS
Contact NAME: BROOKSIDE POOL & RECREATION CENTER

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: 12/31/2020
Revenue ID: 1394508
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
WALDO DAIRY BAR
4631 ST. JAMES ROAD
WALDO, OH 43356

WATER SYSTEM INFORMATION
Name: WALDO DAIRY BAR
PWS ID: OH5136312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: WALDO DAIRY BAR
Contact NAME: WALDO DAIRY BAR
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: 12/31/2020
Revenue ID: 1394512
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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: MARION SUNOCO
Contact NAME: MARION SUNOCO

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: 12/31/2020
Revenue ID: 1393619
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1393619 0000011200 LFCWS 000000000 1
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.

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

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL STORE PROSPECT</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5143914</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
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<td>Surface Water Source:</td>
<td>No</td>
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FEES FOR YEAR 2021

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: | $112.00 |

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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 STORE PROSPECT PWS ID: OH5143914
Contact NAME: PROSPECT DG, LLC

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: 12/31/2020
Revenue ID: 1394826
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394826 0000011200 LFCWS 000000000
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: SKYPARK AIRPORT CLUBHOUSE PWS</th>
<th>PWS ID: OH5244412</th>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
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</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: SKYPARK AIRPORT CLUBHOUSE PWS

Contact NAME: SKYPARK AIRPORT

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: 12/31/2020
Revenue ID: 1393545
Amount Due: $112.00
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.

## WATER SYSTEM INFORMATION

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Name:</td>
<td>SUNDANCE SALOON PWS</td>
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<tr>
<td>PWS ID:</td>
<td>OH5253812</td>
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<tr>
<td>System Type :</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
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<td>Surface Water Source:</td>
<td>No</td>
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## FEES FOR YEAR 2021

<p>| | |</p>
<table>
<thead>
<tr>
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## FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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**
   - 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:** SUNDANCE SALOON PWS  
**PWS ID:** OH5253812  
**Contact NAME:** SUNDANCE SALOON

**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: | 12/31/2020 |
| Revenu ID: | 1394678 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |   |
PEARL COMMONS  
CABLE TIES UNLIMITED  
420 PEARL ROAD  
BRUNSWICK, OH 44212

WATER SYSTEM INFORMATION
Name: ADVENTURES IN LEARNING DAYCARE PWS  
PWS ID: OH5260212  
System Type: NONCOMMUNITY NONTRANSIENT  
Population Served: 85  
Surface Water Source: No

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
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</thead>
<tbody>
<tr>
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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...
   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: ADVENTURES IN LEARNING DAYCARE PWS  
Contact NAME: PEARL COMMONS

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: 12/31/2020  
Revenue ID: 1393802  
Amount Due: $112.00  
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**MEDINA COUNTY PARK DISTRICT**
6364 DEERVIEW LN
MEDINA, OH 44256

**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

**Sign...**

Application MUST be signed and dated in the designated area below.

**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/

**Return Application Promptly...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

UNITED STATES OF AMERICA
STATE OF OHIO
MEDINA COUNTY PARK DISTRICT

PUBLIC WATER SYSTEM LICENSE NOTICE

2021

Invoice/Revenue ID: 1394082

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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: MEDINA COUNTY PARKS - BUFFALO CREEK</td>
<td>Pay this amount: $112.00</td>
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<td>PWS ID: OH5260612</td>
<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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</table>

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.

---

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: MEDINA COUNTY PARKS - BUFFALO CREEK

Contact NAME: MEDINA COUNTY PARK DISTRICT

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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID: 1394082</td>
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<tr>
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<tr>
<td>Type Code: LFCWS</td>
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<td>Transaction ID:</td>
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</table>
MEDINA DG LLC
361 SUMMIT BLVD SUITE 110
BIRMINGHAM, AL 35243

WATER SYSTEM INFORMATION

Name: DOLLAR GENERAL MEDINA MONTVILLE
PWS ID: OH5260916
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

Fees for Year 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount:
$112.00

Attach 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.

Follow these important steps in completing this application

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...
   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.

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: 12/31/2020
Revenue ID: 1394887
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS 0000000000 4
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TSC STORE 240</th>
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<tr>
<td>PWS ID:</td>
<td>OH5438412</td>
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<td>System Type:</td>
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<td>Number of Wells:</td>
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**FEES FOR YEAR 2021**

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**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

**SIGN...**

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**PAY FEES...**

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**Detachable Stub**

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: TSC STORE 240
Contact NAME: TRACTOR SUPPLY COMPANY #240

**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.

<table>
<thead>
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<th>Due Date:</th>
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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: VFW POST 5135
Contact NAME: VFW POST 5135

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: 12/31/2020
Revenue ID: 1394736
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CONFIRM THE WATER SYSTEM INFORMATION...</td>
</tr>
<tr>
<td>Such as System Name, System Type, Mailing Address, and Fee Amount.</td>
</tr>
<tr>
<td>IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461</td>
</tr>
<tr>
<td>2. SIGN...</td>
</tr>
<tr>
<td>Application MUST be signed and dated in the designated area below.</td>
</tr>
<tr>
<td>3. PAY FEES...</td>
</tr>
<tr>
<td>Please pay the required fee by check, money order or credit card.</td>
</tr>
<tr>
<td>- Make check or money order payable to:</td>
</tr>
<tr>
<td>TREASURER STATE OF OHIO</td>
</tr>
<tr>
<td>- For Information on paying by Credit Card go to</td>
</tr>
<tr>
<td><a href="http://epa.ohio.gov/">http://epa.ohio.gov/</a></td>
</tr>
<tr>
<td>4. RETURN APPLICATION PROMPTLY...</td>
</tr>
<tr>
<td>Return the signed application along with the appropriate fee by the DUE DATE listed below.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: BEACH POINT</td>
</tr>
<tr>
<td>PWS ID: OH5439012</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

| 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: BEACH POINT  
Contact NAME: BEACH POINT  
PWS ID: OH5439012

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: 12/31/2020  
Revenue ID: 1394740  
Amount Due: $112.00  
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.

---

**D AND W MARINA**
**7001 COTTONWOOD ROAD**
**CELINA, OH 45822**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>D AND W MARINA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5439712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$112.00</td>
<td></td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** D AND W MARINA

**Contact NAME:** D AND W MARINA

**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: | 12/31/2020 |
| Revenue ID: | 1394744 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394744 0000011200 LFCWS 000000000 7 |
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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...**
   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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ZUMA THRU/SUNSET LAUNDRY/CAR WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5441512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>2</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

---

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: ZUMA THRU/SUNSET LAUNDRY/CAR WASH  PWS ID: OH5441512
Contact NAME: ZUMA INVESTMENTS LLC

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: | 12/31/2020 |
| Revenue ID: | 1393817 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393817 0000011200 LFCWS 0000000001 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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 STORE CELINA #16694
Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394602
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1394602 0000011200 LFCWS 0000000000
STILLWATER RIDGE, INC.
KERMIT DELK
1858 DEVON DR
SPRINGFIELD, OH 45503-2117

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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... 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: STILLWATER RIDGE, INC. PWS ID: OH5533612
Contact NAME: STILLWATER RIDGE, INC.

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: 12/31/2020
Revenue ID: 1394766
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394766 0000011200 LFCWS 00000000 0
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: POOR FARMERS CAMP</th>
<th>System Type: TRANSIENT NONCOMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH5534012</td>
<td>Number of Wells: 2</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

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

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

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/

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: POOR FARMERS CAMP
Contact NAME: POOR FARMERS CAMP

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: 12/31/2020
Revenue ID: 1394767
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
A. B. GRAHAM MEMORIAL CTR
BOARD OF TRUSTEES
PO BOX 433, 8025 U.S. 36 EAST
CONOVER, OH 45317

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: A. B. GRAHAM MEMORIAL CENTER PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5538812</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Confirmed 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

Sign...
Application MUST be signed and dated in the designated area below.

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/

Return application promptly...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

Due Date: 12/31/2020
Revenue ID: 1394770
Amount Due: $112.00
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.

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

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...**
   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:** RED ROOF INN #457  
**PWS ID:** OH5550112

**Contact NAME:** RED ROOF INN #457

**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: | 12/31/2020 |
| Revenue ID: | 1394778 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394778 0000011200 LFCWS 000000006 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   Application MUST be signed and dated in the designated area below.

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   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.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>NAWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5553612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>9999</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $13,398.66</td>
</tr>
</tbody>
</table>

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: 12/31/2020
Revenue ID: 1394084
Amount Due: $13,398.66
Type Code: LFCWS
Transaction ID:
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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**
   - **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/](http://epa.ohio.gov/)

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

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: OAKWOOD VILLAGE MHP</th>
<th>PWS ID: OH5703715</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 511</td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: <strong>$981.12</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**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:** OAKWOOD VILLAGE MHP  
**PWS ID:** OH5703715  
**Contact NAME:** OAKWOOD VILLAGE

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1393343</td>
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<tr>
<td>Amount Due:</td>
<td>$981.12</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

CRACKERJAK CORNER
8975 S MAIN ST
GERMANTOWN, OH 45327

WATER SYSTEM INFORMATION

Name: CRACKERJAKS CORNER
PWS ID: OH5739612
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

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

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

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/

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: CRACKERJAKS CORNER
Contact NAME: CRACKERJAK CORNER

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.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2020
Revenue ID: 1394934
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394934 0000011200 LFCWS 000000000
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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... 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: NNCK MARATHON
Contact NAME: NNCK MARATHON

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: 12/31/2020
Revenue ID: 1394948
Amount Due: $112.00
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.

---

TURNER, JOSEPH  
4100 WEST THIRD ST  
DAYTON, OH 45428

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TURNER, JOSEPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5750622</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>68</td>
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<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
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**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$112.00</td>
</tr>
</tbody>
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---

**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

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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: DAYTON VA BLDG 320 POD D  
Contact NAME: TURNER, JOSEPH

**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: 12/31/2020  
Revenue ID: 1394667  
Amount Due: $112.00  
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.

RIVERS EDGE OF MALTA
WILLIAM SCHNEIDER
520 N RIVERVIEW RD
MALTA, OH 43758

WATER SYSTEM INFORMATION

Name: RIVERS EDGE OF MALTA
PWS ID: OH5800212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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

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

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/

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: RIVERS EDGE OF MALTA
Contact NAME: RIVERS EDGE OF MALTA

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: 12/31/2020
Revenue ID: 1394950
Amount Due: $112.00
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.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: OHIO POWER/WOOD GROVE-H
Contact NAME: OHIO FRANKLIN REALTY LLC

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: 12/31/2020
Revenue ID: 1394958
Amount Due: $112.00
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.

OHIO FRANKLIN REALTY LLC
59 W MAIN ST
MCCONNELSVILLE, OH 43756

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: OHIO POWER/BICENT-K1
Contact NAME: OHIO FRANKLIN REALTY LLC

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: 12/31/2020
Revenue ID: 1394959
Amount Due: $112.00
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.

---

**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1394960

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**OHIO FRANKLIN REALTY LLC**

59 W MAIN ST

MCCONNELSVILLE, OH 43756

---

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

---

**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

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: OHIO POWER/BICENT-K2</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5836512</td>
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</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Fees for Year 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

---

**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 POWER/BICENT-K2

Contact NAME: OHIO FRANKLIN REALTY LLC

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: 12/31/2020

Revenue ID: 1394960

Amount Due: $112.00

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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MAHLE ENGINE COMPONENTS</td>
<td>TOTAL</td>
</tr>
<tr>
<td>PWS ID: OH5836612</td>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Pay this amount: $112.00</td>
</tr>
<tr>
<td>Population Served: 60</td>
<td>Attatched 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.</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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...
   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: MAHLE ENGINE COMPONENTS PWS ID: OH5836612
Contact NAME: MAHLE ENGINE COMPONENTS

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: 12/31/2020
Revenue ID: 1393359
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS

1393359 0000011200 LFCWS 000000000 5
M & H MHP, LLC - 338 89TH STREET APARTMENT 3R BROOKLYN, NY 11209

2021 PUBLIC WATER SYSTEM LICENSE NOTICE

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>M &amp; H MHP, LLC</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5900412</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>100</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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/

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: M & H MHP, LLC
Contact NAME: M & H MHP, LLC -

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
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<tr>
<td>Due Date</td>
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<tr>
<td>Revenue ID</td>
<td>1394962</td>
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<td>Type Code</td>
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<td>Transaction ID</td>
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</table>
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.

DOLLAR GENERAL CORP
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

WATER SYSTEM INFORMATION
Name: DOLLAR GENERAL MANSFIELD SR 97-19557
PWS ID: OH5942715
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

SIGN...
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PAY FEES...
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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 MANSFIELD SR 97-19557
Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394824
Amount Due: $112.00
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.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: DOLLAR GENERAL MANSFIELD SR 97-19557</td>
</tr>
<tr>
<td>PWS ID: OH5942715</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
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<table>
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<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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</table>

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

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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 /

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 MANSFIELD SR 97-19557  
PWS ID: OH5942715
Contact NAME: ELLIOTT, KRISTIN

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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20433 - SHAUCK MANSFIELD</th>
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<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

**TOTAL**

Pay this amount: $112.00

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.

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.

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

**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/

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

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

---

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

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20433 - SHAUCK MANSFIELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5942716</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

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

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...**
   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 #20433 - SHAUCK MANSFIELD

Contact NAME: SHAUCK DG, LLC

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: | 12/31/2020 |
| Revenue ID: | 1394854 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394854 0000011200 LFCWS 000000000 3 |
- 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.

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

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: FAMILY DOLLAR ROSEVILLE PWS  

PWS ID: OH6045813

Contact NAME: MORNING STAR PARTNERS, LLC

**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

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1394591</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021 PUBLIC WATER SYSTEM LICENSE NOTICE</td>
</tr>
</tbody>
</table>
MORNING STAR PARTNERS, LLC  
7795 FIVE MILLE ROAD  
CINCINNATI, OH 45230  

---

### WATER SYSTEM INFORMATION

| Name: | FAMILY DOLLAR ROSEVILLE PWS  
| PWS ID: | OH6045813  
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1  
| Surface Water Source: | No  

### FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00  

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.

| TOTAL |  

Due Date: 12/31/2020  
Revenue ID: 1394591  
Amount Due: $112.00  
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

## WATER SYSTEM INFORMATION

| Name: | DOLLAR GENERAL #17187 - NASHPORT PWS |
| PWS ID: | OH6045815 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

## FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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 #17187 - NASHPORT PWS

PWS ID: OH6045815

Contact NAME: DOLLAR GENERAL CORP

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: | 12/31/2020 |
| Revenue ID: | 1394617 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394617 0000011200 LFCWS 0000000001 |
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.

TREAD COMPANIES
1520 W MAIN ST
RICHMOND, VA 23220

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>GREENLAWN ESTATES MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6045817</td>
</tr>
<tr>
<td>System Type :</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>153</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$293.76</td>
</tr>
</tbody>
</table>

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.

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...
   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: GREENLAWN ESTATES MHP
Contact NAME: TREAD COMPANIES

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: | 12/31/2020 |
| Revenue ID: | 1394812 |
| Amount Due: | $293.76 |
| Type Code: | LFCWS |
| Transaction ID: | 1394812 0000029376 LFCWS 000000000 2 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

__ W A T E R  S Y S T E M  I N F O R M A T I O N __

<table>
<thead>
<tr>
<th>Name:</th>
<th>GREENWOOD MOBILE HOME PK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6201312</td>
</tr>
<tr>
<td>System Type:</td>
<td>Community</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>72</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

__ F E E S  F O R  Y E A R  2 0 2 1  __

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $176.00</td>
</tr>
</tbody>
</table>

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.

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

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: 12/31/2020
Revenue ID: 1394995
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

1394995 0000017600 LFCWS 000000000
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.

**BENCHMORE FARMS AMLC**
18063 WEST ST RTE 105
ELMORE, OH 43416

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BENCHMORE FARMS AMLC 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6230412</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** BENCHMORE FARMS AMLC 2

**Contact NAME:** BENCHMORE FARMS AMLC

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395003</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1395003 0000011200 LFCWS 000000000 0</td>
</tr>
</tbody>
</table>
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.

TRI MOTOR SALES INC.
FINANCIAL CONTACT
1430 S ST RTE 19
OAK HARBOR, OH 43449

WATER SYSTEM INFORMATION

Name: TRI MOTOR SALES
PWS ID: OH6233212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

Fees for Year 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: TRI MOTOR SALES
Contact NAME: TRI MOTOR SALES INC.

SIGNATURE OF OWNER

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: 12/31/2020
Revenue ID: 1395008
Amount Due: $112.00
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.

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

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: NORTH POINT EDUCATION SERVICE CTR OTTAWA  PWS ID: OH6233812
Contact NAME: NORTH POINT ED SRV CTR OTTWA

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: 12/31/2020
Revenue ID: 1395009
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
BENCHMORE FARMS AMLC
18063 WEST ST RTE 105
ELMORE, OH 43416

WATER SYSTEM INFORMATION

Name: BENCHMORE FARMS AMLC 1
PWS ID: OH6254712
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Attach 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: $112.00 |

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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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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: BENCHMORE FARMS AMLC 1
Contact NAME: BENCHMORE FARMS AMLC

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: 12/31/2020 |
| Revenue ID: 1395023 |
| Amount Due: $112.00 |
| 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.

AUGLAIZE GOLF CLUB LLC
19062 ROAD 212
DEFIANCE, OH 43512

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

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

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/

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.

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
COUNTRY INN ENHANCED LIVING CENTER
12651 ROAD 82
PAULDING, OH 45879

2021 PUBLIC WATER SYSTEM LICENSE NOTICE
Invoice/Revenue ID: 1393789

- 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: COUNTRY INN ENHANCED LIVING CENTER
Contact NAME: COUNTRY INN ENHANCED LIVING CENTER

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: 12/31/2020
Revenue ID: 1393789
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: UNCLE FUDDS DINER LLC
Contact NAME: UNCLE FUDDS DINER, LLC

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: | 12/31/2020 |
| Revenue ID: | 1394635 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394635 0000011200 |
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.

NEW LEXINGTON, VILLAGE OF
215 SOUTH MAIN ST.
NEW LEXINGTON, OH 43764

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: NEW LEXINGTON</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6400411</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 1985</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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/

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: NEW LEXINGTON
Contact NAME: NEW LEXINGTON, VILLAGE OF

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.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
Due Date: 12/31/2020
Revenue ID: 1395044
Amount Due: $3,811.20
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
**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.

---

**FREED, JASON**  
2310 S MIAMI BLVD., #239  
DURHAM, NC 27703

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ROBERTS TRAILER PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6400812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>35</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

---

**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

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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: ROBERTS TRAILER PARK  
Contact NAME: FREED, JASON

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395046</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

**NORTHERN PERRY COUNTY WATER**
600 W BROADWAY
PO BOX 800
NEW LEXINGTON, OH 43764

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NORTHERN PERRY CO.WATER #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6400912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>653</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $1,253.76

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.

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

SIGN...

Application MUST be signed and dated in the designated area below.

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

| Due Date: | 12/31/2020 |
| Revenue ID: | 1395047 |
| Amount Due: | $1,253.76 |
| Type Code: | LFCWS |

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: NORTHERN PERRY CO.WATER #1  
PWS ID: OH6400912

Contact NAME: NORTHERN PERRY COUNTY WATER

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: 12/31/2020
Revenue ID: 1395047
Amount Due: $1,253.76
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.

OAKDALE WATER DISTRICT
P.O. BOX 104
GLOUSTER, OH 45732

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: OAKDALE WATER DISTRICT</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6402403</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 85</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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: $176.00

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

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

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/

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: OAKDALE WATER DISTRICT
Contact NAME: OAKDALE WATER DISTRICT

SIGNATURE OF OWNER ___________________________ DATE __________________

Due Date: 12/31/2020
Revenue ID: 1395057
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

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

1395057 0000017600 LFCWS 0000000000 0
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

# Confirmation of Water System Information

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

# Sign...

Application MUST be signed and dated in the designated area below.

# Pay Fees...

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/

# 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: NORTHERN PERRY CO.WATER #2
Contact NAME: NORTHERN PERRY COUNTY WATER

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: 12/31/2020
Revenue ID: 1395059
Amount Due: $1,180.80
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: MT. PERRY FOODS PWS
Contact NAME: MT. PERRY FOODS
PWS ID: OH6431712

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: 12/31/2020
Revenue ID: 1395062
Amount Due: $112.00
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.

**WATER SYSTEM INFORMATION**

Name: BAIRD, JEFF  
6042 BOUNDARIES ROAD  
THORNVILLE, OH 43206

<table>
<thead>
<tr>
<th>Name</th>
<th>COYOTE RUN GOLF COURSE</th>
<th>PWS ID: OH6431912</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Name</th>
<th>COYOTE RUN GOLF COURSE</th>
<th>PWS ID: OH6431912</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**  
Pay this amount: $112.00

**CONFIRM THE WATER SYSTEM INFORMATION...**
 Such as System Name, System Type, Mailing Address, and Fee Amount.

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

**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/

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

```
Signature of Owner: ____________________________  Date: __________
```

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2020  
Revenue ID: 1395063  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:  

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1395066

- 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.

**FREED, JASON**  
**JONES ESTATES, LLC**  
**2310 S MIAMI BLVD, STE 238**  
**DURHAM, NC 27703**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: CARVEL MANOR MHP</th>
<th>PWS ID: OH6500312</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 66</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$176.00</td>
</tr>
</tbody>
</table>

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.

**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

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

**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/](http://epa.ohio.gov/)

**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: CARVEL MANOR MHP**  
**Contact NAME: FREED, JASON**

**SIGNATURE OF OWNER**

---

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: | 12/31/2020 |
| Revenue ID: | 1395066 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

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1395066 0000017600 LFCWS 000000000 9
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: WHISPERING PINES MOBILE HOME PARK
Contact NAME: VINH LOC, HAI

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: 12/31/2020
Revenue ID: 1395068
Amount Due: $112.00
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.

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

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

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: MEADOWBROOK ESTATES LLC
Contact NAME: BRAUER, JEFF

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: | 12/31/2020 |
| Revenue ID: | 1395075 |
| Amount Due: | $222.72 |
| Type Code: | LFCWS |
| Transaction ID: | 0000000000 9 |
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.

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: COOKS CREEK GOLF CLUB</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6539212</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
</tbody>
</table>

Attended 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: **$112.00**

**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

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

**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/

**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: COOKS CREEK GOLF CLUB
Contact NAME: COOKS CREEK GOLF CLUB

**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: | 12/31/2020 |
| Revenue ID: | 1395096 |
| Amount Due: | $112.00 |
| 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: BEAVER PWS
Contact NAME: BEAVER, VILLAGE OF

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
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID: 1395123**

- **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.**

---

**FAIRLANE WATER CO. INC.**  
4851 E. HIGHLAND AVE.  
RAVENNA, OH 44266

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: FAIRLANE WATER CO.</th>
<th>Number of Service Connections: 118</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH6701312</td>
<td>Surface Water Source: No</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount: $226.56</th>
</tr>
</thead>
</table>

**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

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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:** FAIRLANE WATER CO.  
**Contact NAME:** FAIRLANE WATER CO. INC.  
**PWS ID:** OH6701312

---

**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.

Pay to: Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th><strong>Due Date:</strong> 12/31/2020</th>
<th><strong>Revenue ID:</strong> 1395123</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount Due:</strong> $226.56</td>
<td><strong>Type Code:</strong> LFCWS</td>
</tr>
<tr>
<td><strong>Transaction ID:</strong></td>
<td></td>
</tr>
</tbody>
</table>
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MANTUA VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6702212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>495</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $950.40 |

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.

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

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...**
   - 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:** MANTUA VILLAGE PWS

**Contact NAME:** MANTUA, VILLAGE OF

**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: | 12/31/2020 |
| Revenue ID: | 1395127 |
| Amount Due: | $950.40 |
| Type Code: | LFCWS |
| Transaction ID: | 1395127 0000095040 LFCWS 000000000 0 |
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 THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2 SIGN...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
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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

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1395130</th>
<th>Due Date: 12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1395130</td>
<td>Amount Due: $201.60</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>

---

HORIZON LAND CO., LLC
2138 ESPEY COURT
SUITE 1
CROFTON, MD 21114

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: ORCHARD ESTATES I MHC, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH6702512</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
</tbody>
</table>

| Number of Service Connections: 105 |
| Surface Water Source: No          |

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $201.60</td>
</tr>
</tbody>
</table>

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.
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: TRESURER 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: PORTAGE COUNTY WATER RESOURCES
Contact NAME: EIGLER, KEVIN

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: 12/31/2020
Revenue ID: 1395131
Amount Due: $5,319.12
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: ROBIN PARK MOBILE HOMES
Contact NAME: ROBIN PARK MOBILE HOMES, INC.

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: 12/31/2020
Revenue ID: 1395135
Amount Due: $451.20
Type Code: LFCWS
Transaction ID: 1395135 0000045120 LFCWS 000000000 1
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.

STREETSBORO, CITY OF
2094 SR 303
STREETSBORO, OH 44241

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   Application MUST be signed and dated in the designated area below.

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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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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: STREETSBORO CITY PWS
Contact NAME: STREETSBORO, CITY OF

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: 12/31/2020
Revenue ID: 1395143
Amount Due: $7,041.84
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CERTIFIED OIL COMPANY
165 FLANDERS ROAD
WESTBOROUGH, MA 01581

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

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

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

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

PAYMENT INFORMATION

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CERTIFIED OIL CO-STATION 410 PWS
Contact NAME: CERTIFIED OIL COMPANY

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: 12/31/2020
Revenue ID: 1395152
Amount Due: $112.00
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.

DECKER, COLLEEN
1477 STATE ROUTE 44
ATWATER, OH 44201

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: 44 SHARP - BERLIN LAKE</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6745912</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: 44 SHARP - BERLIN LAKE

Contact NAME: DECKER, COLLEEN

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: 12/31/2020
Revenue ID: 1395167
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1395167 0000011200 LFCWS 000000000 2
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.

FOLLOW THESE IMPORTANT STEPS IN Completing This Application

1 CONFIRM THE WATER SYSTEM INFORMATION...
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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: 12/31/2020
Revenue ID: 1395183
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

**MARTIN, PATRICIA**

1441 RIVER EDGE DRIVE  
KENT, OH 44240

---

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

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...**
   - **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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BLACK IRON GRILLE PWS</th>
<th>PWS ID: OH6762612</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

**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:** BLACK IRON GRILLE PWS  
**PWS ID:** OH6762612

**Contact NAME:** MARTIN, PATRICIA

**SIGNATURE OF OWNER**

---

**Due Date:** 12/31/2020  
**Revenue ID:** 1395189  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**

---

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

---
## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TWIN LAKES TAVERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6765112</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

## FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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<tr>
<td>Pay this amount:</td>
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</table>

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.

## FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**
   - 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:** TWIN LAKES TAVERN

**Contact NAME:** TWIN LAKES TAVERN, SCMZ LLC DBA

**PWS ID:** OH6765112

**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: | 12/31/2020 |
| Revenue ID: | 1395192 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 00000000001 |
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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...**
   - 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/](http://epa.ohio.gov/)

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

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FAIRWAYS AT TWIN LAKES-THE OVERLOOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6772212</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach 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.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td><strong>$112.00</strong></td>
</tr>
</tbody>
</table>

---

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: FAIRWAYS AT TWIN LAKES-THE OVERLOOK
Contact NAME: TWIN LAKES FAIRWAYS LLC

**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: | 12/31/2020 |
| Revenue ID: | 1395201 |
| Amount Due: | $112.00 |
| 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: STOYANOV, PAUL</td>
<td>CIRCLE K 5363-RANDOLPH</td>
</tr>
<tr>
<td>PWS ID: OH6778312</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>System Type :</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

SIGN...
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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: CIRCLE K 5363-RANDOLPH
Contact NAME: STOYANOV, PAUL

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.

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: 12/31/2020
Revenue ID: 1395208
Amount Due: $112.00
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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2021 PUBLIC WATER SYSTEM LICENSE NOTICE

CANTEX, INC.
11444 CHAMBERLAIN RD, SUITE 1
SUITE 1
AURORA, OH 44202

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CANTEX, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6782712</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>40</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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

SIGN...
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<td></td>
</tr>
</tbody>
</table>

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: CANTEX, INC.
Contact NAME: CANTEX, INC.

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: 12/31/2020
Revenue ID: 1395223
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395223 0000011200 LFCWS 000000000 4
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
*Invoice/Revenue ID: 1393624*

- **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.**

---

**MULLIGAN SPRINGS GOLF COURSE**  
2205 CONGRESS LAKE RD  
MOGADORE, OH 44260

---

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

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...**  
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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MULLIGAN SPRINGS GOLF COURSE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6784712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
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<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
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---

**ATTACH 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: MULLIGAN SPRINGS GOLF COURSE PWS  
PWS ID: OH6784712  
Contact NAME: MULLIGAN SPRINGS GOLF COURSE

**SIGNATURE OF OWNER**  

---

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: | 12/31/2020 |
| Revenue ID: | 1393624 |
| Amount Due: | $112.00 |
| 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>FAMILY DOLLAR DEERFIELD PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PWS ID</strong></td>
<td>OH6785612</td>
</tr>
<tr>
<td><strong>System Type</strong></td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td><strong>Number of Wells</strong></td>
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<tr>
<td><strong>Surface Water Source</strong></td>
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**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| **Pay this amount:** | $112.00 |

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** FAMILY DOLLAR DEERFIELD PWS

**PWS ID:** OH6785612

**Contact NAME:** CLARK PROPERTIES, LTD

**SIGNATURE OF OWNER**

---

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:** | 12/31/2020 |
| **Revenue ID:** | 1393906 |
| **Amount Due:** | $112.00 |
| **Type Code:** | LFCWS |
| **Transaction ID:** | 1393906 0000011200 LFCWS 000000000 3 |
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.

REAL POWER INVESTMENTS LLC
117 N JEFFERSON SUITE 301
CHICAGO, IL 60661

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. SIGN...
   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.

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

SIGNATURE OF OWNER ___________________________ DATE __________

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 NO 11731
Contact NAME: REAL POWER INVESTMENTS LLC

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

Pay this amount: $112.00

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: 12/31/2020
Revenue ID: 1394153
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1394153 0000011200 LFCWS 000000000 1
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.

HORIZON LAND CO., LLC
2138 ESPEY COURT
SUITE 1
CROFTON, MD 21114

---

**WATER SYSTEM INFORMATION**

Name: HORIZON LAND CO., LLC
PWS ID: OH6788812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

---

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

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**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

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**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: OGURA MARTIAL ARTS
PWS ID: OH6788812
Contact NAME: HORIZON LAND CO., LLC

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: 12/31/2020
Revenue ID: 1394318
Amount Due: $112.00
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>44 SHARP PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6788912</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

<table>
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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

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: 44 SHARP PWS
Contact NAME: BLAKENSHIP, ROSS

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: 12/31/2020
Revenue ID: 1394319
Amount Due: $112.00
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.
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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3 PAY FEES...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
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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 #14559 WINDHAM

Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394370
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- **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.**

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: DOLLAR GENERAL #18765 SHALERSVILLE PWS</th>
<th>TOTAL</th>
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<tr>
<td>PWS ID: OH6789718</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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**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**

**SIGN...**

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**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 #18765 SHALERSVILLE PWS

Contact NAME: ELLIOTT, KRISTIN

**SIGNATURE OF OWNER**

This is a lockbox. Please do not send other correspondence to this address.

**Ohio EPA**

PO BOX 77005

Cleveland, OH 44194-7005

Pay to: **Treasurer, State of Ohio**. Please write the Revenue ID on your check.

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</table>
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.

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

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #18985 - EDINBURG</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6789719</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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### FEES FOR YEAR 2021

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Such as System Name, System Type, Mailing Address, and Fee Amount.

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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 #18985 - EDINBURG

Contact NAME: ELLIOTT, KRISTIN

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: | 12/31/2020 |
| Revenue ID: | 1394815 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394815 0000011200 LFCWS 000000000 1 |
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tr>
<td>Name: DOLLAR GENERAL - 20047 - DEERFIELD PWS</td>
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<tr>
<td>PWS ID: OH6789720</td>
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</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

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 - 20047 - DEERFIELD PWS
PWS ID: OH6789720
Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394848
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL 20279 SUFFIELD MOGADORE</th>
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<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
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<td>Surface Water Source:</td>
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</table>

**FEES FOR YEAR 2021**

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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 20279 SUFFIELD MOGADORE

**Contact NAME:** ELLIOTT, KRISTIN

**SIGNATURE OF OWNER**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

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<td>Transaction ID:</td>
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Ohio EPA

PO BOX 77005
Cleveland, OH 44194-7005

---
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.

CROSS CAMPGROUND
RICK & CAROL CROSS
7777 ST RTE 127
CAMDEN, OH 45311

WATER SYSTEM INFORMATION
Name: CROSS CAMPGROUND PWS
PWS ID: OH6834112
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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

1

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

Pay this amount: $112.00

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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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CROSS CAMPGROUND PWS
PWS ID: OH6834112
Contact NAME: CROSS CAMPGROUND

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: 12/31/2020
Revenue ID: 1395240
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

PILOT TRAVEL CENTERS LLC
5508 LONAS ROAD
PO BOX 10146
KNOXVILLE, TN 37939-0146

WATER SYSTEM INFORMATION
Name: PILOT CORPORATION - EATON 286
PWS ID: OH6835312
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 955
Surface Water Source: No

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

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

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
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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: PILOT CORPORATION - EATON 286
Contact NAME: PILOT TRAVEL CENTERS LLC

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: 12/31/2020
Revenue ID: 1395243
Amount Due: $628.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CROSS CAMPGROUND
RICK & CAROL CROSS
7777 ST RTE 127
CAMDEN, OH 45311

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<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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

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

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/

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: CROSS CAMPGROUND OFFICE PWS
Contact NAME: CROSS CAMPGROUND

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: | 12/31/2020 |
| Revenue ID: | 1394377 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   - 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: BRIARWOOD ESTATES MHP
Contact NAME: DURBIN, KAY

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: 12/31/2020
Revenue ID: 1395273
Amount Due: $236.16
Type Code: LFCWS
Transaction ID:

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: BRIARWOOD ESTATES MHP</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7000112</td>
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</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 123</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $236.16

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.
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: CLEARFORK MHP PWS
Contact NAME: ASHFORD - MANSFIELD LLC

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: 12/31/2020
Revenue ID: 1395277
Amount Due: $347.52
Type Code: LFCWS
Transaction ID:

1395277 0000034752 LFCWS 000000000 2
**PUBLIC WATER SYSTEM LICENSE NOTICE**

**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.**

---

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

**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...**
   - 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FOREST HILLS MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7001212</td>
</tr>
<tr>
<td>System Type :</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>32</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

**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:** FOREST HILLS MHP  
**PWS ID: OH7001212**

**Contact NAME:** FOREST HILLS MHP

**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:** 12/31/2020  
**Revenue ID:** 1395281  
**Amount Due:** $112.00  
**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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

---

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: COUNTRY MEADOW CARE CENTER
Contact NAME: COUNTRY MEADOW CARE CENTER LLC

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: 12/31/2020
Revenue ID: 1395299
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395299 0000011200 LFCWS 000000000 3
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: MIFFLIN CARE CENTER
Contact NAME: ARBORS AT MIFFLIN

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: 12/31/2020
Revenue ID: 1395317
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
LEWS TAVERN
1902 PARK AVE E
MANSFIELD, OH 44905

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

Pay this amount: $112.00

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: LEWS TAVERN
Contact NAME: LEWS TAVERN

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: 12/31/2020
Revenue ID: 1395323
Amount Due: $112.00
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.

---

**SPRINGMILL DRIVE-IN THEATER**  
2118 PRESSLER RD  
AKRON, OH 44312

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>SPRINGMILL DRIVE-IN THEATRE</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH7034812</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

---

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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: SPRINGMILL DRIVE-IN THEATRE  
Contact NAME: SPRINGMILL DRIVE-IN THEATER  

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.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tr>
<td>Due Date</td>
<td>12/31/2020</td>
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<tr>
<td>Revenue ID</td>
<td>1395328</td>
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<td>Type Code</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID</td>
<td></td>
</tr>
</tbody>
</table>

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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
## PUBLIC WATER SYSTEM LICENSE NOTICE

**Invoice/Revenue ID:** 1395335

- **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.**

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SOUTHSIDE DRIVE THRU</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7039612</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

- 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.

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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.

---

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:** SOUTHSIDE DRIVE THRU  
**PWS ID:** OH7039612  
**Contact NAME:** SOUTHSIDE DRIVE THRU

**SIGNATURE OF OWNER**  

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: | 12/31/2020 |
| Revenue ID: | 1395335 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1395335 0000011200 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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:** 7-ELEVEN STORE # 36177  
**PWS ID:** OH7041912

**Contact NAME:** 7-ELEVEN INC

**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: | 12/31/2020 |
| Revenue ID: | 1395336 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1395336 0000011200 LFCWS 0000000000 8 |
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.

MANSFIELD INN
880 LAVER RD
MANSFIELD, OH 44905

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MANSFIELD INN MOTEL</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 2</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column. Pay this amount: $112.00

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.

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

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

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/

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: MANSFIELD INN MOTEL
Contact NAME: MANSFIELD INN

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: 12/31/2020
Revenue ID: 1395339
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: JR PROPERTIES OF MANSFIELD - SR 430
Contact NAME: JR PROPERTIES OF MANSFIELD, LLC

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: 12/31/2020
Revenue ID: 1395342
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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...**
   - 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>RICHLAND RURAL LIFE CENTER- MANSFIELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7044512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

---

**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:** RICHLAND RURAL LIFE CENTER- MANSFIELD  **PWS ID:** OH7044512
**Contact NAME:** RICHLAND RURAL LIFE CTR

**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**

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395343</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
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</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: PLEASANT HILL OUTDOOR CENTER
Contact NAME: PLEASANT HILL OUTDOOR CENTER

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: PLEASANT HILL OUTDOOR CENTER</td>
<td>Pay this amount: $112.00</td>
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<tr>
<td>PWS ID: OH7045412</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
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</tbody>
</table>

Due Date: 12/31/2020
Revenue ID: 1395346
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395346 0000011200 LFCWS 000000000 6
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.

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: GB FABRICATION</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7049512</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
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<tr>
<td>Population Served: 26</td>
<td></td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
</table>

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.

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...** 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: GB FABRICATION
Contact NAME: PECHETTE, MICHAEL

**SIGNATURE OF OWNER**

Due Date: 12/31/2020
Revenue ID: 1395350
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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
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.

QUEST WORSHIP CENTER, INC.
ATTN: DOUG DARR
5066 DILL RD
BELLVILLE, OH 44813

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: DARR EVENTS
Contact NAME: QUEST WORSHIP CENTER, INC.

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: 12/31/2020
Revenue ID: 1395351
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: FIVE POINTS COUNTRY MARKET
Contact NAME: FIVE POINTS COUNTRY MARKET

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: 12/31/2020
Revenue ID: 1395354
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
KINGCLUB, LLC
1648 BEAL ROAD
MANSFIELD, OH 44903

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SHOWTIME NIGHTCLUB</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7053512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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

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

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/

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: SHOWTIME NIGHTCLUB
Contact NAME: KINGCLUB, LLC

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: 12/31/2020
Revenue ID: 1395361
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395361 0000011200 LFCWS 0000000000 6
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.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL STORE MANSFIELD 324</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7053612</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

**Pay this amount:**  
$112.00

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.

---

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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.

---

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 MANSFIELD 324  
**PWS ID:** OH7053612  
**Contact NAME:** DOLLAR GENERAL CORP

---

**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

---

Pay Date: **12/31/2020**  
**Revenue ID:** 1393344  
**Amount Due:** $112.00  
**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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: DOLLAR GENERAL 21824 - GREENWICH
PWS ID: OH7084816
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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

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

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/

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 21824 - GREENWICH
Contact NAME: GREENWICH DOHP LLC

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: 12/31/2020
Revenue ID: 1394914
Amount Due: $112.00
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.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

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

**CLARKSBURG, VILLAGE OF**

10849 MAIN ST.

P.O. BOX 187

CLARKSBURG, OH 43115

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CLARKSBURG VILLAGE PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7100212</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>204</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $391.68

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.

---

**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

**SIGN**

Application MUST be signed and dated in the designated area below.

**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/

**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: CLARKSBURG VILLAGE PWS

Contact NAME: CLARKSBURG, VILLAGE OF

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: 12/31/2020

Revenue ID: 1395364

Amount Due: $391.68

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.

FREMONT CITY
CITY OF FREMONT
323 S FRONT ST
FREMONT, OH 43420-3069

| Name: | FREMONT CITY |
| PWS ID: | OH7200311 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 7800 |
| Surface Water Source: | Yes |

**WATER SYSTEM INFORMATION**

**Fees for Year 2021**

<table>
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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: $10,452.00</td>
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</table>

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** FREMONT CITY

**Contact NAME:** FREMONT CITY

**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: | 12/31/2020 |
| Revenue ID: | 1395372 |
| Amount Due: | $10,452.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1395372 0001045200 LFCWS 000000000 1 |
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.

---

**TRACTOR SUPPLY COMPANY #669**
3801 W STATE STREET, ROUTE 20
FREMONT, OH 43420

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TRACTOR SUPPLY COMPANY - FREMONT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7256512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

---

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

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...**
   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: TRACTOR SUPPLY COMPANY - FREMONT

Contact NAME: TRACTOR SUPPLY COMPANY #669

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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395406</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

BROWN, AARON
225 GREEN MEADOWS DR. S.
WESTERVILLE, OH 43081

WATER SYSTEM INFORMATION

Name: NORTH COAST ORTHOPEDICS SURGERY PWS
PWS ID: OH7258212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

SIGN...
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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/

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: NORTH COAST ORTHOPEDICS SURGERY PWS
PWS ID: OH7258212
Contact NAME: BROWN, AARON

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: 12/31/2020
Revenue ID: 1393394
Amount Due: $112.00
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.

SANDUSKY COUNTY PARK DISTRICT
1970 COUNTRYSIDE PL
FREMONT, OH 43420

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

PAY FEES...
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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: CREEKBEND FARM NATURE CENTER PWS
Contact NAME: SANDUSKY COUNTY PARK DISTRICT

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: 12/31/2020
Revenue ID: 1394556
Amount Due: $112.00
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.

HARRISON-REED, MARY
5473 N TWP RD 63
FOSTORIA, OH 44830

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: FOSTORIA MOBILE ESTATES
Contact NAME: HARRISON-REED, MARY

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: 12/31/2020
Revenue ID: 1395433
Amount Due: $176.00
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.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1395568

---

**NW OHIO CHRISTIAN YOUTH CAMP**

**ATTN:** CHRIS ACKERMAN, TREASURER

5794 BERMUDA DRIVE

WALBRIDGE, OH 43465

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NW OHIO CHRISTIAN YOUTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7431312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

---

**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**

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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:** NW OHIO CHRISTIAN YOUTH

**Contact NAME:** NW OHIO CHRISTIAN YOUTH CAMP

**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: | 12/31/2020 |
| Revenue ID: | 1395568 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

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1395568 0000011200 LFCWS 0000000000
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: NW OHIO CHRISTIAN YOUTH CAMP 2
Contact NAME: NW OHIO CHRISTIAN YOUTH CAMP

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: 12/31/2020
Revenue ID: 1394351
Amount Due: $112.00
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.

SONI JUNCTION
2860 S US 23
ALVADA, OH 44802

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: SONI JUNCTION PWS
PWS ID: OH7436112
System Type : TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Name: SONI JUNCTION PWS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

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

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

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/

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: SONI JUNCTION PWS
Contact NAME: SONI JUNCTION

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: 12/31/2020
Revenue ID: 1395575
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395575 0000011200 LFCWS 00000000 8
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   Application MUST be signed and dated in the designated area below.

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

MOONLITE THEATERS PROPERTIES LLC
1300 SILVER PINE LANE
FINDLAY, OH 45840

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

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: 12/31/2020
Revenue ID: 1395586
Amount Due: $112.00
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.

WAGNER, SCOTT
3352 TOWNSHIP ROAD 80
BELLEVUE, OH 44811

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

WALTS TAVERN
OH7444212
TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

Pay this amount: $112.00

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
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   Such as System Name, System Type, Mailing Address, and Fee Amount.
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4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

FREQUENTLY ASKED QUESTIONS

- How do I determine my fee?
  Attched 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.

WATER SYSTEM INFORMATION

Name: FOSTORIA AUTOMOTIVE DISTRIBUTION CENTER
PWS ID: OH7448712
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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: FOSTORIA AUTOMOTIVE DISTRIBUTION CENTER
Contact NAME: NORFOLK SOUTHERN

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: 12/31/2020
Revenue ID: 1395596
Amount Due: $112.00
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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: SAUCED</th>
<th>PWS ID: OH7448912</th>
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<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
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**FEES FOR YEAR 2021**

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<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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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.

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

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...**
   - 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: SAUCED

Contact NAME: SAUCED

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: 12/31/2020
Revenue ID: 1395598
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395598 0000011200 LFCWS 000000001
**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.**

---

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

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 419-352-8461

2. SIGN...
   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:** TIFFIN LOADER CRANE COMPANY

**Contact NAME:** PAL FLEET TRUCK EQUIPMENT CO LLC

**PWS ID:** OH7449412

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TIFFIN LOADER CRANE COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7449412</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>85</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

---

**SIGNATURE OF OWNER**

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.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2020 |
| Revenue ID: | 1393605 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393605 0000011200 LFCWS 000000000 ? |
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NW OHIO CHRISTIAN YOUTH CAMP 3 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7449713</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>Attach 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.</td>
</tr>
</tbody>
</table>

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

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.

---

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:** NW OHIO CHRISTIAN YOUTH CAMP 3 PWS  
**PWS ID:** OH7449713

**Contact NAME:** NW OHIO CHRISTIAN YOUTH CAMP

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1394383</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1394383 0000011200 LFCWS 0000000000 3</td>
</tr>
</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN Completing This Application

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...
   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 #14997 - BETTSVILLE

Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394387
Amount Due: $112.00
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.

Ohio Living Dorothy Love
1001 Kingsmill Parkway
Columbus, OH 43229

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Ohio Living Dorothy Love PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7500712</td>
</tr>
<tr>
<td>System Type:</td>
<td>Community</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>59</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $176.00 |

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**SIGNATURE OF OWNER**

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: 12/31/2020
Revenue ID: 1395606
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

---

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 Living Dorothy Love PWS

Contact NAME: Ohio Living Dorothy Love

SIGNATURE OF OWNER __________________________ DATE _______________
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

HARRIS, TIMOTHY
3511 W MICHIGAN ST, STE RTE 47
SIDNEY, OH 45365

SHARPS BAR AND GRILL
PWS ID: OH7530412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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

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

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/

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

PAY THIS AMOUNT:
$112.00

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: SHARPS BAR AND GRILL
Contact NAME: HARRIS, TIMOTHY

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: 12/31/2020
Revenue ID: 1395618
Amount Due: $112.00
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.

Follow these important steps in completing this application:

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...
   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: HUSSEYS RESTAURANT PWS
Contact Name: HUSSEYS RESTAURANT

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: 12/31/2020
Revenue ID: 1395621
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>47 BAR AND GRILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7534412</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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**Fees for Year 2021**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

---

**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**

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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:** 47 BAR AND GRILL  
**PWS ID:** OH7534412  
**Contact NAME:** 47 BAR AND GRILL

**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

---

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395624</td>
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<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1395624 0000011200 LFCWS 000000000 9</td>
</tr>
</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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 #20464 - HOUSTON
Contact NAME: HOUSTON DOHP, LLC

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: 12/31/2020
Revenue ID: 1394853
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: FOHL VILLAGE MHP
Contact NAME: FOHL VILLAGE MHP

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: 12/31/2020
Revenue ID: 1395640
Amount Due: $424.32
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.

---

**WATER SYSTEM INFORMATION**

| Name: | JACKSON RIDGE REHABILITATION & CARE |
| PWS ID: | OH7602112 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 2 |
| Surface Water Source: | No |

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** JACKSON RIDGE REHABILITATION & CARE **PWS ID:** OH7602112

**Contact NAME:** GUNZBURG, ELI

**SIGNATURE OF OWNER**

---

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: | 12/31/2020 |
| Revenue ID: | 1395642 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1395642 0000011200 LFCWS 000000000 7 |
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: LOUISVILLE CITY PWS</th>
<th>PWS ID: OH7603012</th>
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</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 3717</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: $5,501.16 |

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** LOUISVILLE CITY PWS

**Contact NAME:** LOUISVILLE, CITY OF

**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: 12/31/2020 |
| Revenue ID: 1395646 |
| Amount Due: $5,501.16 |
| 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LOUISVILLE CENTER FOR REHABILITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7603312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td></td>
</tr>
<tr>
<td>$112.00</td>
<td></td>
</tr>
</tbody>
</table>

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

SIGN...

Application MUST be signed and dated in the designated area below.

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/

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: LOUISVILLE CENTER FOR REHABILITATION
Contact NAME: LOUISVILLE CENTER FOR REHAB

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: 12/31/2020
Revenue ID: 1395648
Amount Due: $112.00
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.

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>Steps</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>CONFIRM THE WATER SYSTEM INFORMATION...</strong>&lt;br&gt;Such as System Name, System Type, Mailing Address, and Fee Amount.&lt;br&gt;IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td><strong>SIGN...</strong>&lt;br&gt;Application MUST be signed and dated in the designated area below.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td><strong>PAY FEES...</strong>&lt;br&gt;Please pay the required fee by check, money order or credit card.&lt;br&gt;- Make check or money order payable to: TREASURER STATE OF OHIO&lt;br&gt;- For Information on paying by Credit Card go to <a href="http://epa.ohio.gov/">http://epa.ohio.gov/</a></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td><strong>RETURN APPLICATION PROMPTLY...</strong>&lt;br&gt;Return the signed application along with the appropriate fee by the DUE DATE listed below.</td>
</tr>
</tbody>
</table>

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>GREEN MEADOWS HEALTH AND WELLNESS CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7605212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

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: GREEN MEADOWS HEALTH AND WELLNESS CENTER PWS ID: OH7605212
Contact NAME: PROGRESSIVE QUALITY CARE

**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: | 12/31/2020 |
| Revenue ID: | 1395656 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1395656 0000011200 LFCWS 000000000 0 |
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.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>HARTVILLE FAMILY MINI MART</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7637412</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

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<thead>
<tr>
<th>Name:</th>
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</tr>
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<tr>
<td>PWS ID:</td>
<td>OH7637412</td>
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</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
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<td>No</td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

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.

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**
   - 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/](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:** HARTVILLE FAMILY MINI MART

**Contact NAME:** SAI OM INC.

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395682</td>
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<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
2021 PUBLIC WATER SYSTEM LICENSE NOTICE    Invoice/Revenue ID: 1395822

- 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   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...
   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: TREAURER 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.

---

WATER SYSTEM INFORMATION

Name: ROADSIDE TAVERN, INC. PWS
PWS ID: OH7646412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Total

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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: ROADSIDE TAVERN, INC. PWS
Contact NAME: DIMICHELE, TODD D.

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: 12/31/2020
Revenue ID: 1395822
Amount Due: $112.00
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.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SPUDS CORNER PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7648312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

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<tbody>
<tr>
<td>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.</td>
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</tr>
</tbody>
</table>

**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

**SIGN...**

**IMPORTANT**

Application MUST be signed and dated in the designated area below.

**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/

**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:** SPUDS CORNER PWS  
**PWS ID:** OH7648312  
**Contact NAME:** SPUDS CORNER

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
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<tr>
<td>Revenue ID:</td>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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<td>Transaction ID:</td>
<td></td>
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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.

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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
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4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CANTON DROP FORGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7655412</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>185</td>
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<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $176.00</td>
</tr>
</tbody>
</table>

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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:** CANTON DROP FORGE

**Contact NAME:** CANTON DROP FORGE

**SIGNATURE OF OWNER** _____________________________ **DATE** __________

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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395837</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$176.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: SEVEN HILLS GOLF
Contact NAME: SEVEN HILLS GOLF

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: 12/31/2020
Revenue ID: 1395871
Amount Due: $112.00
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.

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   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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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: ANHEUSER-BUSCH SALES OF CANTON
Contact NAME: ANHEUSER-BUSCH SALES OF CANTON

PWS ID: OH7668312

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: 12/31/2020
Revenue ID: 1395876
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1395876 0000011200 LFCWS 000000000
**PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

**WATER SYSTEM INFORMATION**

Name: Barker Spring Canton Park Commission  
PWS ID: OH7671312

System Type: Transient Noncommunity  
Number of Wells: 1  
Surface Water Source: No

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Water System Information</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
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<tr>
<td>Name: Barker Spring Canton Park Commission</td>
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<tr>
<td>PWS ID: OH7671312</td>
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<td>System Type: Transient Noncommunity</td>
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<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
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</tr>
</tbody>
</table>

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: Barker Spring Canton Park Commission  
Contact NAME: Barker Spring-Canton PKS

**SIGNATURE OF OWNER**

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.

<table>
<thead>
<tr>
<th>Due Date: 12/31/2020</th>
<th>Revenue ID: 1395883</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Due: $112.00</td>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>

Ohio EPA  
PO Box 77005  
Cleveland, OH 44194-7005
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.

PUMP IT UP
12587 CLASS AVENUE NW
UNIONTOWN, OH 44685

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: PUMP IT UP PWS  
PWS ID: OH7674112
Contact NAME: PUMP IT UP

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>PUMP IT UP PWS</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH7674112</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
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<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
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</table>

| Invoice/Revenue ID:      | 1393846                  |
| Table ID:                | LFCWS 0000000000         |
| Amount Due:              | $112.00                  |
| Type Code:               | LFCWS                   |
| Transaction ID:          |                          |
| Due Date:                | 12/31/2020               |
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- **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.**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th>RIVERSIDE BAR AND GRILL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PWS ID:</strong></td>
<td>OH7675812</td>
</tr>
<tr>
<td><strong>System Type:</strong></td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td><strong>Number of Wells:</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Surface Water Source:</strong></td>
<td>No</td>
</tr>
</tbody>
</table>

**Fees for Year 2021**

| **Based on the water system information taken from above, the fee owed by your water system is shown in the total column.** |

| **Pay this amount:** | $112.00 |

**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**

**SIGN...**

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

**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/

**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:** RIVERSIDE BAR AND GRILL  
**Contact NAME:** RIFFILS RIVERSIDE BAR & GRILL

**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:** | 12/31/2020 |
| **Revenue ID:** | 1394070 |
| **Amount Due:** | $112.00 |
| **Type Code:** | LFCWS |
| **Transaction ID:** | 1394070 0000011200 LFCWS 000000000 1 |
DOLLAR GENERAL CORP
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: DOLLAR GENERAL #14174 - HOMEWORTH</td>
<td>TOTAL</td>
</tr>
<tr>
<td>PWS ID: OH7677612</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Pay this amount:</td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td>$112.00</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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/

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 #14174 - HOMEWORTH
Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394358
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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 #9449 - CANTON SOUTH

Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394561
Amount Due: $112.00
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.

PATTERSON, RACHEL
1375 SOUTH MAIN ST
SUITE 201
NORTH CANTON, OH 44720

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

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

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/

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SPRINGWATER GARDENS CONDOMINIUMS PWS
Contact NAME: PATTERSON, RACHEL

PAY THIS AMOUNT: $112.00

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

Due Date: 12/31/2020
Revenue ID: 1394644
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

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

1394644 0000011200 LFCWS 000000000 8
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.

DOLLAR GENERAL CORPORATION
100 MISSION RIDGE
ENVIRONMENTAL COMPLIANCE
GOODLETTSVILLE, TN 37072

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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 #18257 - EAST SPARTA

Contact NAME: DOLLAR GENERAL CORPORATION

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: 12/31/2020
Revenue ID: 1394652
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394652 0000011200 LFCWS 000000000 7
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.

## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #18872 - ROBERTSVILLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7677634</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

## FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**
   - 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 #18872 - ROBERTSVILLE  
**PWS ID:** OH7677634  
**Contact NAME:** DOLLAR GENERAL CORPORATION

**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: | 12/31/2020 |
| Revenue ID: | 1394814 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394814 0000011200 LFCWS 000000000 2 |
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.

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**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
<th>CLINTON MACHINE PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH7700001</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>76</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** CLINTON MACHINE PWS

**Contact NAME:** CLINTON MACHINE

**SIGNATURE OF OWNER**

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: 12/31/2020
Revenue ID: 1393873
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN Completing THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>UPS-RICHFIELD SERVICE CENTER PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH7700021</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>152</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

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.

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...
   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
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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: UPS-RICHFIELD SERVICE CENTER PWS
PWS ID: OH7700021
Contact NAME: UPS

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: 12/31/2020
Revenue ID: 1394322
Amount Due: $176.00
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.

---

DOLLAR GENERAL CORP  
100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #9173 NEW FRANKLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7700024</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

---

**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**

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

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**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/

---

**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 #9173 NEW FRANKLIN

**PWS ID:** OH7700024

**Contact NAME:** DOLLAR GENERAL CORP

---

**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:       | 12/31/2020 |
| Revenue ID:     | 1394335    |
| Amount Due:     | $112.00    |
| Type Code:      | LFCWS      |
| Transaction ID: |            |

---
**PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

---

**DOLLAR GENERAL CORP**
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #14853 NORTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7700029</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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

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**
   - 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 #14853 NORTON

Contact NAME: DOLLAR GENERAL CORP

**SIGNATURE OF OWNER**

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: 12/31/2020
Revenue ID: 1394384
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394384 0000011200 LFCWS 000000000 2
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: NEW FRANKLIN CITY HALL PWS
Contact NAME: NEW FRANKLIN

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: 12/31/2020
Revenue ID: 1394620
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

BIRCH, MATT
P.O. BOX 224
BATH, OH 44210

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

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.

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: 12/31/2020
Revenue ID: 1394852
Amount Due: $112.00
Type Code: LFCWS
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: HUDSON ESTATES PWS
Contact NAME: UMH OH BUCKEYE II, LLC -

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: 12/31/2020
Revenue ID: 1395896
Amount Due: $326.40
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.

HORIZON LAND COMPANY-
2138 ESPEY COURT, SUITE 1
CROFTON, MD 21114

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: REX HILL ESTATES, LLC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7703812</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 103</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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/

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: REX HILL ESTATES, LLC
Contact NAME: HORIZON LAND COMPANY-

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: 12/31/2020
Revenue ID: 1395899
Amount Due: $197.76
Type Code: LFCWS
Transaction ID: 1395899 0000019776 LFCWS 000000000
## FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...**
   - 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.

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: WESTERN RESERVE VILLAGE</th>
<th>1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH7704012</td>
<td>94</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay this amount: $176.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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:** WESTERN RESERVE VILLAGE  
**PWS ID:** OH7704012

**Contact NAME:** WESTERN RESERVE VILLAGE

**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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1395900</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$176.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

STOW, CITY OF
3760 DARROW ROAD
STOW, OH 44224-4094

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: STOW PUBLIC WATER SYSTEM</td>
<td>TOTAL</td>
</tr>
<tr>
<td>PWS ID: OH7704503</td>
<td>Pay this amount:</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td>$15,080.00</td>
</tr>
<tr>
<td>Number of Service Connections: 13000</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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

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/

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: STOW PUBLIC WATER SYSTEM
Contact NAME: STOW, CITY OF

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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1395903</td>
</tr>
<tr>
<td>Amount Due: $15,080.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>
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.

PEBBLE CREEK CONVALESCENT CTR
670 JARVIS ROAD
AKRON, OH 44319

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>PEBBLE CREEK CONVALESCENT CENTER</td>
<td></td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH7707412</td>
<td></td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
<td></td>
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<tr>
<td>Number of Service Connections:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

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...**
   - 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.

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.

Due Date: **12/31/2020**
Revenue ID: **1395912**
Amount Due: **$112.00**
Type Code: **LFCWS**
Transaction ID:

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1395912 0000011200 LFCWS 000000000 0
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.

CROWN POINT ECOLOGY CENTER
ATTN: EXECUTIVE DIRECTOR
P.O. BOX 484
BATH, OH 44210

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CROWN POINT ECOLOGY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7722012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
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</table>

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.

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...
   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.

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: 12/31/2020
Revenue ID: 1395925
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
LEALH AND SINGH INC  
6171 MANCHESTER RD 
AKRON, OH 44319

---

**WATER SYSTEM INFORMATION**

| Name: | LOBOY GAS  
| PWS ID: | OH7722912  
| System Type: | TRANSIENT NONCOMMUNITY  
| Number of Wells: | 1  
| Surface Water Source: | No |

---

**Fees for Year 2021**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. | Pay this amount: | $112.00 |

---

**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

---

**Sign...**

- Application MUST be signed and dated in the designated area below.

---

**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/](http://epa.ohio.gov/)

---

**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: LOBOY GAS \*PWS ID: OH7722912 \*Contact NAME: LEALH AND SINGH INC

**Signature of Owner**

**Due Date:** 12/31/2020  
**Revenue ID:** 1395930  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**

---

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

---

1395930 0000011200 LFCWS 000000000 8
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.

COMM. HEALTH CARE MANCHESTER - DRJ LT
247 KENSINGTON PARK DRIVE
TALLMADGE, OH 44278

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: COMMUNITY HEALTH CARE MANCHESTER PWS
Contact NAME: COMM. HEALTH CARE MANCHESTER - DRJ LT

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: 12/31/2020
Revenue ID: 1393393
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1393393 0000011200 LFCWS 000000000 3
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.

SCARPITTI, MICHELLE
60 S. HIGH ST
AKRON, OH 44326

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Name: RICHFIELD PUBLIC LIBRARY PWS</td>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7726812</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
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SIGN...
Application MUST be signed and dated in the designated area below.

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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: RICHFIELD PUBLIC LIBRARY PWS
Contact NAME: SCARPITTI, MICHELLE

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: 12/31/2020
Revenue ID: 1393558
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2021 PUBLIC WATER SYSTEM LICENSE NOTICE

- 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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BROOKSIDE COUNTRY CLUB
MR. JOE FLOGGE
3727 GOLF COUSE DRIVE
NORTON, OH 44203

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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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/

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: BROOKSIDE COUNTRY CLUB
Contact NAME: BROOKSIDE COUNTRY CLUB

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: 12/31/2020
Revenue ID: 1395934
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

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

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: NORTH END</th>
<th>PWS ID: OH7735412</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
</table>

Pay this amount: **$112.00**

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.

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...**

   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:** NORTH END  
**PWS ID:** OH7735412  
**Contact NAME:** NORTH END

**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

---

<table>
<thead>
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<th>Due Date:</th>
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<td>Revenue ID:</td>
<td>1395942</td>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
- 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MERIDIAN SUN TEMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7738012</td>
</tr>
<tr>
<td>System Type :</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

**IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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...
   - 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...
   - 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:** MERIDIAN SUN TEMPLE

**Contact NAME:** MERIDIAN SUN TEMPLE

**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: | 12/31/2020 |
| Revenue ID: | 1396075 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1396075 0000011200 LFCWS 000000000 1 |
# 2021 PUBLIC WATER SYSTEM LICENSE NOTICE

- 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.

---

**WELCHS DAIRY CREAM**  
NATE RENNIGER  
3780 RIDGEWOOD ROAD  
COPLEY, OH 44321

---

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

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...**  
   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/](http://epa.ohio.gov/)

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

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: WELCHS DAIRY CREAM</th>
<th>WELCHS DAIRY CREAM PWS OH7738612</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>System Type:</td>
<td>No</td>
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<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
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**FEES FOR YEAR 2021**

<table>
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**RETURN APPLICATION PROMPTLY...**

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---

**PAYMENT DETAILS**

- **Due Date:** 12/31/2020  
- **Revenue ID:** 1396077  
- **Amount Due:** $112.00  
- **Type Code:** LFCWS  
- **Transaction ID:**

---

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:** WELCHS DAIRY CREAM PWS  
**PWS ID:** OH7738612  
**Contact NAME:** WELCHS DAIRY CREAM

**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

---

1396077 0000011200 LFCWS 000000000 9
THE UPPER DECK
OWNER
357 WEST TURKEYFOOT LAKE ROAD
AKRON, OH 44319

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
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<td>PWS ID:</td>
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<td>Surface Water Source:</td>
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</table>

FEES FOR YEAR 2021

<table>
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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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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: THE UPPER DECK

Contact NAME: THE UPPER DECK

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: 12/31/2020
Revenue ID: 1396085
Amount Due: $112.00
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.

---

**DUWALDT, ELIZABETH**
2295 MAIN STREET
PENINSULA, OH 44264

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TIKI UNDERGROUND</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2021**

<table>
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<tr>
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<tbody>
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<td>$112.00</td>
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</tbody>
</table>

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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: TIKI UNDERGROUND**
**Contact NAME: DUWALDT, ELIZABETH**

**SIGNATURE OF OWNER**

---

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:**

**Revenue ID:**

**Amount Due:**

**Type Code:**

**Transaction ID:**
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: TESCHNERS TAVERN</th>
<th>PWS ID: OH7751612</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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</table>

### FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
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<tbody>
<tr>
<td></td>
<td>Pay this amount: $112.00</td>
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</tbody>
</table>

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.

### SIGN...

Application MUST be signed and dated in the designated area below.

### PAY FEES...

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

### 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: TESCHNERS TAVERN

Contact NAME: TESCHNERS TAVERN

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: 12/31/2020
Revenue ID: 1396094
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1396094 0000011200 LFCWS 000000000 8
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

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

---

**UNDERWOODS PUB AND PIZZA**  
**ATTN: TRACE UNDERWOOD**  
**3509 SHADE ROAD**  
**AKRON, OH 44333**

---

### WATER SYSTEM INFORMATION

- **Name:** UNDERWOODS PUB AND PIZZA  
- **PWS ID:** OH7752012  
- **System Type:** TRANSIENT NONCOMMUNITY  
- **Number of Wells:** 1  
- **Surface Water Source:** No

### FEES FOR YEAR 2021

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<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: <strong>$112.00</strong></td>
<td></td>
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</table>

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.

---

**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

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

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**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
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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:** UNDERWOODS PUB AND PIZZA  
**PWS ID:** OH7752012  
**Contact NAME:** UNDERWOODS PUB AND PIZZA

**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:** 12/31/2020  
**Revenue ID:** 1396095  
**Amount Due:** $112.00  
**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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

LOYAL OAK GOLF COURSE
2909 CLEVELAND-MASSillon RD
NORTON, OH 44203

WATER SYSTEM INFORMATION

Name: LOYAL OAK GOLF COURSE-CLub
PWS ID: OH7753712
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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: LOYAL OAK GOLF COURSE-CLub
Contact NAME: LOYAL OAK GOLF COURSE

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: 12/31/2020
Revenue ID: 1396099
Amount Due: $112.00
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.

---

DOUGS DINNER BUCKET
2090 MARHOFER AVENUE
STOW, OH 44224

---

WATER SYSTEM INFORMATION

Name: DOUGS DINNER BUCKET PWS
PWS ID: OH7753912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

---

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

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

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/

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: DOUGS DINNER BUCKET PWS
Contact NAME: DOUGS DINNER BUCKET

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: 12/31/2020
Revenue ID: 1396100
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1396100 0000011200 LFCWS 000000000 0
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.

---

**Public Water System License Notice**

**ATTN: NICHOLE BEALER**

1660 Massillon RD

AKRON, OH 44312

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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**
   - 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/](http://epa.ohio.gov/)

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

---

**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name:</th>
<th>THEOS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7758412</td>
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<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Water System Name</th>
<th>Pay this amount:</th>
<th>$112.00</th>
</tr>
</thead>
</table>

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.

---

**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:** THEOS

**Contact NAME:** THEOS

**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:** 12/31/2020

**Revenue ID:** 1396105

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PORTAGE LAKE EAGLES 2736 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7765212</td>
</tr>
<tr>
<td>System Type:</td>
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<tr>
<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
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</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
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<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

**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

**SIGN...**

- Application MUST be signed and dated in the designated area below.

**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/

**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:** PORTAGE LAKE EAGLES 2736 PWS

**PWS ID:** OH7765212

**Contact NAME:** PORTAGE LAKE EAGLES 2736

**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:** 12/31/2020

**Revenue ID:** 1396111

**Amount Due:** $112.00

**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.

---

<table>
<thead>
<tr>
<th>Water System Information</th>
<th>Fees for Year 2021</th>
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</thead>
<tbody>
<tr>
<td>Name: Club Desirees PWS</td>
<td>Name: Club Desirees PWS</td>
</tr>
<tr>
<td>PWS ID: OH7768512</td>
<td>OH7768512</td>
</tr>
<tr>
<td>System Type: Transient Noncommunity</td>
<td>System Type: Transient Noncommunity</td>
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<tr>
<td>Number of Wells: 1</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: CLUB DESIRES PWS

Contact NAME: CLUB DESIREE'S

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: 12/31/2020

Revenue ID: 1396114

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1396114 0000001200 LFCWS 000000000 4
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.

---

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FRANKLIN PARK CIVIC CENTER</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
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<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
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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.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: FRANKLIN PARK CIVIC CENTER

Contact NAME: FRANKLIN PARK CIVIC CENTER

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.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

<table>
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<td>Revenue ID:</td>
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<td>Transaction ID:</td>
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</table>
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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... 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
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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: TURKEYFOOT LANES
Contact NAME: TURKEYFOOT LANES

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: 12/31/2020
Revenue ID: 1396123
Amount Due: $112.00
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.

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>PWS ID:</td>
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<td>System Type:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
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</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: GATHER AT THE LAKES

Contact NAME: LC MARIE ENTERPRISES, LLC

**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

---

<table>
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<th>Due Date:</th>
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<tr>
<td>Transaction ID:</td>
<td>1396126 0000011200 LFCWS 000000000 0</td>
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</table>
CRAFTSMAN RECREATION CLUB
TRUSTEES
4450 REX LAKE DRIVE
AKRON, OH 44319

WATER SYSTEM INFORMATION
Name: CRAFTSMEN RECREATION CLUB
PWS ID: OH7775712
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CRAFTSMEN RECREATION CLUB
Contact NAME: CRAFTSMAN RECREATION CLUB

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: 12/31/2020
Revenue ID: 1396128
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: DIETZ’S LANDING PWS
Contact NAME: DIETZ’S LANDING

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: 12/31/2020
Revenue ID: 1396129
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1396129 0000011200 LFCWS 0000000000
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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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...
   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: OHIO Edison KENT
Contact NAME: FIRSTENERGY CORP

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

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<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name:</td>
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<td>PWS ID: OH7785312</td>
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<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served: 30</td>
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<td>Surface Water Source: No</td>
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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.
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.

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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. PAY FEES...
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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)
WATER SYSTEM INFORMATION
Name: XPO LOGISTICS FREIGHT INC - XAC
PWS ID: OH7786512
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 90
Surface Water Source: No

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: $112.00

FEES FOR YEAR 2021

TOTAL

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

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

## WATER SYSTEM INFORMATION

| Name: | MCAFEE TOOL AND DIE, INC |
| PWS ID: | OH7786612 |
| System Type: | NONCOMMUNITY NONTRANSIENT |
| Population Served: | 30 |
| Surface Water Source: | No |

## FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

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</thead>
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<tr>
<td><strong>Pay this amount:</strong></td>
</tr>
<tr>
<td><strong>$112.00</strong></td>
</tr>
</tbody>
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## IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. **SIGN...**
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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:** MCAFEE TOOL AND DIE, INC  
**PWS ID:** OH7786612

**Contact NAME:** MCAFEE TOOL AND DIE, INC

**PAYEE:** TREASURER STATE OF OHIO

**Due Date:** 12/31/2020

**Revenue ID:** 1396142

**Amount Due:** $112.00

**Tipo Code:** LFCWS

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

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| Invoice/Revenue ID: 1396142 |
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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: ARLINGTON ROAD COMMONS
Contact NAME: ARLINGTON ROAD COMMONS

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: 12/31/2020
Revenue ID: 1396145
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
WOLTERS KLUWER -
JON SMITH
1100 TEREX ROAD
HUDSON, OH 44236

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**WATER SYSTEM INFORMATION**

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<tr>
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<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2021**

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**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*

**SIGN...**

Application MUST be signed and dated in the designated area below.

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**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:** WOLTERS KLUWER  
**PWS ID:** OH7790712

**Contact NAME:** WOLTERS KLUWER -

**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

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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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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: FAT BOYS PIZZA PWS
Contact NAME: WERTZ, JONATHAN

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: 12/31/2020
Revenue ID: 1394576
Amount Due: $112.00
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.

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

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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
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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: CHASIN SEVENS PWS
Contact NAME: CHASIN SEVENS ENTERTAINMENT LLC

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: 12/31/2020
Revenue ID: 1394589
Amount Due: $112.00
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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---

**CRAFTSMEN RECREATION CLUB**

4450 REX LAKE DR

NEW FRANKLIN, OH 44319

---

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<tr>
<th>WATER SYSTEM INFORMATION</th>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2021**

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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.

**TOTAL**

- Pay this amount: $112.00

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.

2. **SIGN...**
   - 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...**
   - 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: CRAFTSMEN RECREATION CLUB CAMPGROUND PWS

Contact NAME: CRAFTSMEN RECREATION CLUB

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

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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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: HOUSTON PUB PWS
Contact NAME: SHOOK, CHARLIE

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:     | 12/31/2020 |
| Revenue ID:   | 1394651    |
| Amount Due:   | $112.00    |
| Type Code:    | LFCWS      |
| Transaction ID: |          |

1394651 0000011200 LFCWS 0000000000
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

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

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**
   - Application MUST be signed and dated in the designated area below.

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<table>
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<tr>
<th>Name:</th>
<th>HOUSTON HALL</th>
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<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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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 HALL

**Contact NAME:** SHOOK, CHARLIE

**SIGNATURE OF OWNER** _______________________________  **DATE** _______________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

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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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

---

HERBERT, LENNY
3892 GLENRIDGE RD
AKRON, OH 44319

WATER SYSTEM INFORMATION

Name: HERBERT, LENNY
PWS ID: OH7799946
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 63
Surface Water Source: No

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

TOTAL

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$112.00</td>
</tr>
</tbody>
</table>

---

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: LEAP PROGRAM
Contact NAME: HERBERT, LENNY
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: 12/31/2020
Revenue ID: 1394915
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

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.

---

**CONCORD CARE CTR OF CORTLAND**
4250 SODOM-HUTCHINGS ROAD
CORTLAND, OH 44410

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

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...
   - 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.

---

**WATER SYSTEM INFORMATION**

| Name:               | CONCORD CARE CENTER OF CORTLAND |
| PWS ID:            | OH7800712                       |
| System Type:       | COMMUNITY                       |
| Number of Service Connections: | 1                             |
| Surface Water Source: | No                            |

**FEES FOR YEAR 2021**

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: $112.00

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

DDAGW PWS- Public Water System License to Operate (LFCWS)

**PWS NAME:** CONCORD CARE CENTER OF CORTLAND  
**PWS ID:** OH7800712  
**Contact NAME:** CONCORD CARE CTR OF CORTLAND

**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: | 12/31/2020 |
| Revenue ID: | 1396172 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
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.

## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>CONCORD CARE CENTER - HARTFORD</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

## FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

## FEES INVOICE

| Invoice/Revenue ID: | 1396173 |

## Follow these important steps in completing this application

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**
   - 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: CONCORD CARE CENTER - HARTFORD

PWS ID: OH7800812

Contact NAME: CONTINENT HEALTH CO OF HARTFORD

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

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<th>Due Date:</th>
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<tr>
<td>Transaction ID:</td>
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</table>
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.

Pleasing Park Mobile Court
5029 Parkman Road NW
Warren, OH 44481

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

---

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: 12/31/2020
Revenue ID: 1396184
Amount Due: $176.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: VALLEY MOBILE HOMES
Contact NAME: COLONY VILLAGE, LLC

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: 12/31/2020
Revenue ID: 1396189
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1396189 0000011200 LFCWS 0000000000 4
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.

PLALAN LAKE WATER ASSOCIATION
PO BOX 214
WEST FARMINGTON, OH 44491

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>PLALAN LAKE WATER ASSOC.</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7804512</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>122</td>
</tr>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td>$234.24</td>
</tr>
</tbody>
</table>

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

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

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/

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: PLALAN LAKE WATER ASSOC. PWS ID: OH7804512
Contact NAME: PLALAN LAKE WATER ASSOCIATION

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: 12/31/2020
Revenue ID: 1396194
Amount Due: $234.24
Type Code: LFCWS
Transaction ID: 0000000009
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.

DAIRY OASIS
8266 MAIN STREET
KINSMAN, OH 44428-9323

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

RETURN APPLICATION PROMPTLY...
Returns 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: DAIRY OASIS
Contact NAME: DAIRY OASIS

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: 12/31/2020
Revenue ID: 1396334
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
STINSON, TERESA
4185 STATE ROUTE 5
NEWTON FALLS, OH 44444

<table>
<thead>
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<th>WATER SYSTEM INFORMATION</th>
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<td>Name: STINSON, TERESA</td>
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<tr>
<td>PWS ID: OH7838312</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
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Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

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: 12/31/2020
Revenue ID: 1396339
Amount Due: $112.00
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.

RIDGE RANCH CAMPGROUND
5219 ST RT 303
NEWTON FALLS, OH 44444

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

1. Name: RIDGE RANCH CAMP
   PWS ID: OH7841312
   System Type: TRANSIENT NONCOMMUNITY
   Number of Wells: 3
   Surface Water Source: No

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

3. Pay this amount:
   Pay this amount: $176.00

   - 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: RIDGE RANCH CAMP
Contact NAME: RIDGE RANCH CAMPGROUND

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: 12/31/2020
Revenue ID: 1396343
Amount Due: $176.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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... 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: RIDGE RANCH CAMP-A LINE
Contact NAME: RIDGE RANCH CAMPGROUND

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

<table>
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<th>Date</th>
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<td>Due Date</td>
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<td>Type Code</td>
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1396344 0000011200 LFCWS 0000000000 6
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.

---

PEBBLES HIDDEN HILL LLC
1811 HYDE-OAKFIELD RD
N. BLOOMFIELD, OH 44450

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   - 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: PEBBLES HIDDEN HILL PWS ID: OH7842312
Contact NAME: PEBBLES HIDDEN HILL LLC

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

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Due Date: 12/31/2020
Revenue ID: 1396345
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1396345 0000011200 LFCWS 0000000000 5
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PRIMETALS TECHNOLOGIES, LLC</th>
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<tr>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>50</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

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.

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

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...
   - 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:** PRIMETALS TECHNOLOGIES, LLC  
**PWS ID:** OH7856314  
**Contact NAME:** PRIMETALS TECHNOLOGIES, LLC

**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: | 12/31/2020 |
| Revenue ID: | 1394408 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 0000000000 4 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
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 #15988 - BRISTOLVILLE
Contact NAME: ELLIOTT, KRISTIN

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: 12/31/2020
Revenue ID: 1394573
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1394573 0000011200 LFCWS 000000000 3
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>DOLLAR GENERAL #17594 - MESOPOTAMIA</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7856320</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

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: **$112.00**

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...**
   - 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.

**SIGNATURE OF OWNER**

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

<table>
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<th>Due Date:</th>
<th>12/31/2020</th>
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<td>Revenue ID:</td>
<td>1394631</td>
</tr>
<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
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<td>Transaction ID:</td>
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1394631 0000011200 LFCWS 000000000 3
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: DOLLAR GENERAL #19491 - CORTLAND</td>
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<tr>
<td>PWS ID: OH7856324</td>
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</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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...
   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/

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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: 12/31/2020
Revenue ID: 1394817
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0000000000

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.
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 CAMP
6209 ST RT 46
CORTLAND, OH 44410

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

Pay this amount: $112.00

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 CAMP
Contact NAME: THE CAMP

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: 12/31/2020
Revenue ID: 1394820
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394820 0000011200 LFCWS 00000000 4
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20066 - HARTFORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7856326</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: $112.00 |

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.

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

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**
   - 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 #20066 - HARTFORD

**PWS ID:** OH7856326

**Contact NAME:** ELLIOTT, KRISTIN

**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: | 12/31/2020 |
| Revenue ID: | 1394842 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394842 0000011200 LFCWS 0000000000 8 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: CHERRY RIDGE WATERWORKS, LTD.                      PWS ID: OH7900303
Contact NAME: CHERRY RIDGE WATERWORKS, LTD.

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: 12/31/2020
Revenue ID: 1396360
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

---

CHERRY RIDGE WATERWORKS, LTD.
1202 COUNTY ROAD 140
SUGARCREEK, OH 44681

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHERRY RIDGE WATERWORKS, LTD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7900303</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>31</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CHERRY RIDGE WATERWORKS, LTD.                      PWS ID: OH7900303
Contact NAME: CHERRY RIDGE WATERWORKS, LTD.

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: 12/31/2020
Revenue ID: 1396360
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SUGARCREEK, VILLAGE OF
ATTN: FISCAL OFFICER
410 SOUTH BROADWAY
SUGARCEEK, OH 44681-9385

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2021</th>
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</thead>
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<tr>
<td><strong>Name:</strong> SUGARCREEK VILLAGE PWS</td>
<td><strong>Pay this amount:</strong></td>
<td><strong>$2,181.12</strong></td>
</tr>
<tr>
<td><strong>PWS ID:</strong> OH7901312</td>
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<tr>
<td><strong>System Type:</strong> COMMUNITY</td>
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<td><strong>$2,181.12</strong></td>
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<td><strong>Number of Service Connections:</strong> 1136</td>
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<tr>
<td><strong>Surface Water Source:</strong> No</td>
<td></td>
<td></td>
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</tbody>
</table>

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...
   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: SUGARCREEK VILLAGE PWS
Contact NAME: SUGARCREEK, VILLAGE OF

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: 12/31/2020
Revenue ID: 1396367
Amount Due: $2,181.12
Type Code: LFCWS
Transaction ID: 1396367 0000218112 LFCWS 000000000 6
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.

TAVERN OF RAGERSVILLE
OWNER
2274 RAGERSVILLE RD. SW
SUGARCREEK, OH 44681

WATER SYSTEM INFORMATION

Name: TAVERN OF RAGERSVILLE
PWS ID: OH7938012
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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

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

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/

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: TAVERN OF RAGERSVILLE
Contact NAME: TAVERN OF RAGERSVILLE

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: 12/31/2020
Revenue ID: 1396384
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
<table>
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<tr>
<td>Name: REESE TRUCKING INC.</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7938312</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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: $112.00

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

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

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/

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: REESE TRUCKING INC.
Contact NAME: REESE TRUCKING INC.

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: 12/31/2020
Revenue ID: 1396385
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1396385 0000011200 LFCWS 000000000
- 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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>THE MUSTANG INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7951312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

**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**

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

**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/

**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: THE MUSTANG INC
Contact NAME: RICHARDSON, NATHAN

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: | 12/31/2020 |
| Revenue ID: | 1394310 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394310 0000011200 LFCWS 000000000 1 |
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.

KLEEN TEST PRODUCTS
9901 CHESTNUT RIDGE RD
BEACH CITY, OH 44680

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: KLEEN TEST PRODUCTS PWS</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>PWS ID: OH7951714</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 52</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**SIGNATURE OF OWNER**

---

**DATE**

---

Due Date: 12/31/2020
Revenue ID: 1394416
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394416 0000011200 LFCWS 000000000 4

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
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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... 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 #17174 - UHRICHSVILLE PWS PWS ID: OH7951716
Contact NAME: DOLLAR GENERAL CORP

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: 12/31/2020
Revenue ID: 1394632
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394632 0000011200 LFCWS 000000000 2
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: MARYSVILLE GOLF COURSE
Contact NAME: SHY, INC.

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.

| OH8032512 |
| LFCWS |

| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Revenue ID: | 1396404 |
| Due Date: | 12/31/2020 |

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
ROLLING MEADOWS GOLF CLUB
ROBERT BARNEY
11233 INDUSTRIAL PARKWAY
MARYSVILLE, OH 43040

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: ROLLING MEADOWS GOLF</th>
<th>PWS ID: OH8037812</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: ROLLING MEADOWS GOLF            PWS ID: OH8037812
Contact NAME: ROLLING MEADOWS GOLF CLUB

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: 12/31/2020
Revenue ID: 1396413
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: CEVA LOGISTICS
Contact NAME: CEVA LOGISTICS

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: 12/31/2020
Revenue ID: 1393347
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OHIO CITY VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8100412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>346</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Base on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$664.32**

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.

---

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

**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: | 12/31/2020 |
| Revenue ID: | 1396417 |
| Amount Due: | $664.32 |
| 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.

**WATER SYSTEM INFORMATION**

| Name: | BROOKSIDE DAIRY & CONVENIENCE STORE |
| PWS ID: | OH8130612 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount:</td>
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<tr>
<td>$112.00</td>
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</table>

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

SIGN...

Application MUST be signed and dated in the designated area below.

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/

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: BROOKSIDE DAIRY & CONVENIENCE STORE

Contact NAME: BROOKSIDE DAIRY

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
**WINGATE, WALTER**  
9580 COLLETT RD  
WAYNESVILLE, OH 45068

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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</tr>
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<tbody>
<tr>
<td>Name: FRONTIER CAMPGROUND</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8344312</td>
<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
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<tr>
<td>Surface Water Source: No</td>
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**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th></th>
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<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount: $112.00</td>
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</tr>
</tbody>
</table>

---

**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

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**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/

---

**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: FRONTIER CAMPGROUND  
Contact NAME: WINGATE, WALTER

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

---

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1396454</td>
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<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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.

POLASKO, LISA
1552 NORTH HONEYTOWN RD
WOOSTER, OH 44691

WATER SYSTEM INFORMATION
Name: GLENDORA HEALTH CARE CENTER
PWS ID: OH8500912
System Type: COMMUNITY
Number of Service Connections: 1
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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

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

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/

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: GLENDORA HEALTH CARE CENTER
Contact NAME: POLASKO, LISA

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: 12/31/2020
Revenue ID: 1393036
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**GLENRIDGE MHP**  
**PO BOX 670236**  
**NORTHFIELD, OH 44067**

---

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

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

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GLENRIDGE MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8501012</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>54</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$176.00</td>
</tr>
</tbody>
</table>

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.

---

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:** GLENRIDGE MOBILE HOME PARK  
**PWS ID:** OH8501012

**Contact NAME:** GLENRIDGE MHP

**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:** 12/31/2020  
**Revenue ID:** 1393037  
**Amount Due:** $176.00  
**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.

---

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: LINCOLN TERRACE ESTATES
Contact NAME: LINCOLN TERRACE EST - MOORE ENTERPRIS

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: 12/31/2020
Revenue ID: 1393038
Amount Due: $251.52
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.

YORICK, JEFFREY
150 CLAY STREET
SUITE 450
MORGANTOWN, WV 26501

WATER SYSTEM INFORMATION
Name: LITTLE CHIPPEWA ESTATES
PWS ID: OH8501712
System Type: COMMUNITY
Number of Service Connections: 61
Surface Water Source: No

FEES FOR YEAR 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

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.

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

SIGN...
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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/

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: LITTLE CHIPPEWA ESTATES
Contact NAME: YORICK, JEFFREY

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: 12/31/2020
Revenue ID: 1393039
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- **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.**

---

**HORIZON LAND CO., LLC**

2138 ESPEY COURT

SUITE 1

CROFTON, MD 21114

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OAK PARK ESTATES LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8502512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>175</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $336.00 |

---

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** OAK PARK ESTATES LLC

**Contact NAME:** HORIZON LAND CO., LLC

---

**SIGNATURE OF OWNER**

---

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: | 12/31/2020 |
| Revenue ID: | 1393043 |
| Amount Due: | $336.00 |
| Type Code: | LFCWS |
| Transaction ID: |  |
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tr>
<td>Name: WOOSTER ROLLING WHEELS ESTATES MHP</td>
<td>Pay this amount: $215.04</td>
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<tr>
<td>PWS ID: OH8503112</td>
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<tr>
<td>System Type: Community</td>
<td></td>
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<tr>
<td>Number of Service Connections: 112</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

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.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: WOOSTER ROLLING WHEELS ESTATES MHP
Contact NAME: AUDINO, GIOVANNI

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.

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1393048</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$215.04</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
2021 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1393051

- 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.

SMITHVILLE WESTERN LTD - SPRENGER ENT
3905 OBERLIN AVE.
LORAIN, OH 44053

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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: SMITHVILLE WESTERN LIMITED
Contact NAME: SMITHVILLE WESTERN LTD - SPRENGER ENT

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: 12/31/2020
Revenue ID: 1393051
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

1393051 0000017600 LFCWS 0000000000
2021 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1393052

- 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.

SPRUCE TREE VILLAGE INC
5854 CLEVELAND RD
WOOSTER, OH 44691

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   Application MUST be signed and dated in the designated area below.

Pay this amount: $192.00

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: SPRUCE TREE VILLAGE MHP  PWS ID: OH8503812
Contact NAME: SPRUCE TREE VILLAGE INC

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: 12/31/2020
Revenue ID: 1393052
Amount Due: $192.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: GREEN MEADOWS ESTATES
Contact NAME: GREEN MEADOWS ESTATES -

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: 12/31/2020
Revenue ID: 1393060
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
TRICOR INDUSTRIAL, INC
3225 W. OLD LINCOLN WAY
WOOSTER, OH 44691

WATER SYSTEM INFORMATION

Name: TRICOR METALS
PWS ID: OH8530512
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 98
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attended 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: $112.00

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

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

PAY FEES...
Please pay the required fee by check, money order or credit card.
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

THE PINES GOLF CLUB
1319 N MILBORNE RD
PO BOX 308
ORRVILLE, OH 44667

WATER SYSTEM INFORMATION

Name: THE PINES GOLF CLUB PWS
PWS ID: OH8539512
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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 PINES GOLF CLUB PWS
Contact NAME: THE PINES GOLF CLUB

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: 12/31/2020
Revenue ID: 1393073
Amount Due: $112.00
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.

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

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...
   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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---

**WATER SYSTEM INFORMATION**

Name: TOWN AND COUNTRY CAMPGROUND WEST WELL
PWS ID: OH8555312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

---

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2020
Revenue ID: 1393105
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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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: VALLEY VIEW MENNONITE SCHOOL AND CHURCH
Contact NAME: VALLEY VIEW MENNONITE SCHOOL

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: 12/31/2020
Revenue ID: 1393109
Amount Due: $176.00
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.

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APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FIORES ITALIAN RISTORANTE**  
2179 E LINCOLN WAY  
WOOSTER, OH 44691

---

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

**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

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

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**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

---

**FIORES ITALIAN RISTORANTE**  
2179 E LINCOLN WAY  
WOOSTER, OH 44691

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1393111

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FIORES ITALIAN RISTORANTE</th>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>2</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2021**

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.

**TOTAL**

Pay this amount:  
**$112.00**

---

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

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: CRANSTON'S PUB
Contact NAME: ERIKAS RESTAURANT

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: | 12/31/2020 |
| Revenue ID: | 1393113 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

1393113 0000011200 LFCWS 0000000000 2
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

THE BONNEVILLE
13237 PORTAGE ST
DOYLESTOWN, OH 44230

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: THE BONNEVILLE</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8557312</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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 BONNEVILLE
PWS ID: OH8557312
Contact NAME: THE BONNEVILLE

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: 12/31/2020
Revenue ID: 1394072
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

---

GREEN LEAF RESTAURANT
2905 CLEVELAND RD
WOOSTER, OH 44691

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GREEN LEAF RESTAURANT PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8562312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** GREEN LEAF RESTAURANT PWS

**Contact NAME:** GREEN LEAF RESTAURANT

---

**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:** 12/31/2020

**Revenue ID:** 1393853

**Amount Due:** $112.00

**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.

GRIFFITHS HEALTH CARE GROUP
2226 WOOSTER RD.
ROCKY RIVER, OH 44116

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: BURBANK PARKE PWS
Contact NAME: GRIFFITHS HEALTH CARE GROUP

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: 12/31/2020
Revenue ID: 1394108
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1394108 0000011200 LFCWS 000000000 7
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   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...
   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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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: GEYERS CHAPEL ARTESIAN WELL PWS
Contact NAME: WAYNE COUNTY COMMISSIONERS

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
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #21662 - WOOSTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8564721</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

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.

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

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...**
   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.**

**PWS NAME:** DOLLAR GENERAL #21662 - WOOSTER

**PWS ID:** OH8564721

**Contact NAME:** LINDEN AVENUE LLC

**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: | 12/31/2020 |
| Revenue ID: | 1394903 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394903 0000011200 LFCWS 000000000 4 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: NORTH PINE ESTATES
Contact NAME: NORTH PINE ESTATES II INC.

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: 12/31/2020
Revenue ID: 1393128
Amount Due: $112.00
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.

FC, OAKWOOD MHP INC.
449 HUDSON DRIVE
UNIT A
DORCHESTER, ON

WATER SYSTEM INFORMATION

Name: OAKWOOD MHP
PWS ID: OH8601212
System Type: COMMUNITY
Number of Service Connections: 92
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

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

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

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/

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: OAKWOOD MHP
Contact NAME: FC, OAKWOOD MHP INC.

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: 12/31/2020
Revenue ID: 1393132
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1393132 0000017600 LFCWS 000000000
PUBLIC WATER SYSTEM LICENSE NOTICE

Name: WILLIAMS CO/HILLSIDE COUNTRY LIVING
PWS ID: OH8601912
System Type: COMMUNITY
Number of Service Connections: 2
Surface Water Source: No

Fees for Year 2021
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION
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...
   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: WILLIAMS CO/HILLSIDE COUNTRY LIVING
Contact NAME: WILLIAMS CO/HILLSIDE COUNTRY LIVING

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: 12/31/2020
Revenue ID: 1393137
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1393137 0000011200 LFCWS 0000000000 4
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

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**LAZY RIVER CAMPGROUND-PIONEER**

12808 US RTE 20
PIONEER, OH 43554

---

**WATER SYSTEM INFORMATION**

| Name: | LAZY RIVER CAMPGROUND-PIONEER |
| PWS ID: | OH8636212 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
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<tr>
<td>Pay this amount:</td>
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</tbody>
</table>

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.

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

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...**
   - 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:** LAZY RIVER CAMPGROUND-PIONEER

**Contact NAME:** LAZY RIVER CAMPGROUND-PIONEER

**PWS ID:** OH8636212

**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: | 12/31/2020 |
| Revenue ID: | 1393274 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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1393274 0000011200 LFCWS 000000000 7
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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

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/

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

Gribbin, Charles
4957 CR 85
Gibsonburg, OH 43431

WATER SYSTEM INFORMATION

Name: Gribbin, Charles
PWS ID: OH8702712
System Type: Community
Number of Service Connections: 18
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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: TWIN MAPLES MHP
Contact NAME: Gribbin, Charles

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: 12/31/2020
Revenue ID: 1393293
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1393293 0000011200 LFCWS 000000000 4
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: SNUFFYS RELOADED BAR AND GRILL
Contact NAME: SNUFFYS RELOADED BAR & GRILL

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: 12/31/2020
Revenue ID: 1393300
Amount Due: $112.00
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.

WCM LEISURE INC
24787 LUCKEY RD
PERRYSBURG, OH 43551-9763

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: STONY RIDGE KOA CAMPGRD & STORE
PWS ID: OH8735212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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

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

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/

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: STONY RIDGE KOA CAMPGRD & STORE
Contact NAME: WCM LEISURE INC

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: 12/31/2020
Revenue ID: 1393301
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1393301 0000011200 LFCWS 000000000 4
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

**HARTUNG BROTHERS, INC**  
708 HEARTLAND TRAIL  
SUITE 2000  
MADISON, WI 53717

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: HARTUNG BROTHERS AMLC</th>
<th>PWS ID: OH8740512</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
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</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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.

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

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...  
   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: HARTUNG BROTHERS AMLC  
Contact NAME: HARTUNG BROTHERS, INC

**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

<table>
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<tr>
<th>Due Date: 12/31/2020</th>
<th>Revenue ID: 1393305</th>
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<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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**Invoice/Revenue ID: 1393305**  
**Transaction ID: LFCWS**
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.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>STONY RIDGE KOA CAMPGRD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8749012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

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**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:** STONY RIDGE KOA CAMPGRD  
**PWS ID:** OH8749012  
**Contact NAME:** WCM LEISURE INC

**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: | 12/31/2020 |
| Revenue ID: | 1393312 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |  

1393312 0000011200 LFCWS 000000000 1
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

THOMAS LOEW
232 WALNUT
PO BOX 162
LUCKEY, OH 43443

WATER SYSTEM INFORMATION

Name: THOMAS LOEW PROPERTIES
PWS ID: OH8751012
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Pay this amount: $112.00</td>
</tr>
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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

SIGN...
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PAY FEES...
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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: THOMAS LOEW PROPERTIES
Contact NAME: THOMAS LOEW

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: 12/31/2020
Revenue ID: 1393314
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
<th>FEES FOR YEAR 2021</th>
</tr>
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<tbody>
<tr>
<td>Name: TANGLEWOOD GOLF CLUB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8751112</td>
<td></td>
<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

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**
   - 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:** TANGLEWOOD GOLF CLUB  
**PWS ID:** OH8751112  
**Contact NAME:** BLANCHARD GOLF OPERATIONS, LLC

**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: 12/31/2020
Revenue ID: 1393315
Amount Due: $112.00
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BUDDY'S PLACE CONVENIENCE STORE</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8752612</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2021**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. | Pay this amount: | **$112.00** |

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.

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** BUDDY'S PLACE CONVENIENCE STORE

**Contact NAME:** BUDDYS PLACE LCC

**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

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<th>Due Date:</th>
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<td>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
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</table>
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**

- 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.

---

**DOLLAR GENERAL CORP**

100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

---

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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**
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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**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: DOLLAR GENERAL STORE-PEMBERVILLE 13981</th>
</tr>
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<tbody>
<tr>
<td>PWS ID: OH8753012</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
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</table>

**FEES FOR YEAR 2021**

<table>
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<tr>
<th>TOTAL</th>
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<td>Pay this amount: $112.00</td>
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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

---

**Invoice/Revenue ID:** 1394354
**Due Date:** 12/31/2020
**Revenue ID:** 1394354
**Amount Due:** $112.00
**Type Code:** LFCWS
**Transaction ID:**
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TOLEDO RESTORATION
PO BOX 160
MILLBURY, OH 43447

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: WAGONER HOME RENTAL</th>
<th>PWS ID: OH8753213</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>6</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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<tbody>
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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: WAGONER HOME RENTAL
Contact NAME: TOLEDO RESTORATION

**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

<table>
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<tr>
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<td>Type Code:</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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</table>
**2021 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1394893

- 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.

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL - BRADNER STORE #21251</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8753215</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
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**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

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.

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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 - BRADNER STORE #21251  
Contact NAME: BRADNER BTS RETAIL LLC

**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: | 12/31/2020 |
| Revenue ID: | 1394893 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1394893 0000011200 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

WATER SYSTEM INFORMATION

Name: BLUE ROOM TAVERN
PWS ID: OH8830412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount:
$112.00

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.

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: BLUE ROOM TAVERN
Contact NAME: BLUE ROOM TAVERN

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: 12/31/2020
Revenue ID: 1393320
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN Completing THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LAS VIAS, LLC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8831712</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

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...
   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: LA FRAGUA MEXICAN RESTAURANT
Contact NAME: LAS VIAS, LLC

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
PATIO 307 LLC
2008 ST RT 199 N
CAREY, OH 43316

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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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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: PATIO 307 LLC
Contact NAME: PATIO 307 LLC

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
- 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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LOVELL COUNTRY MARKET</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8841512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
</table>

**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

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

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- Make check or money order payable to: TREASURER STATE OF OHIO
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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: LOVELL COUNTRY MARKET  
Contact NAME: RIOUX, JOSEPH

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: 12/31/2020  
Revenue ID: 1393859  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:  

1393859 0000011200 LFCWS 0000000000 0
**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.

---

**WALNUT LAKE CAMPGROUND**  
**STACY EVERHART**  
4381 OLD ROUTE 35 SOUTHEAST  
WASHINGTON COURT HOUSE, OH 43160

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: WALNUT LAKE CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH2435612</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

- Attatched 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: **$112.00**

---

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

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...  
   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: WALNUT LAKE CAMPGROUND  
Contact NAME: WALNUT LAKE CAMPGROUND

**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-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1392920</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
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<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>

1392920 0000011200 LFCWS 0000000000?
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PEACH GROVE MOBILE HOME PARK</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8502812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>27</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

**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

**SIGN...**

**IMPORTANT**

Application MUST be signed and dated in the designated area below.

**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/

**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:** PEACH GROVE MOBILE HOME PARK  
**PWS ID:** OH8502812  
**Contact NAME:** LOMBARD HOLDINGS

**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-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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</table>
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BERKSHIRE HILLS COUNTRY CLUB</th>
<th>Number of Wells: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH2830112</td>
<td>Surface Water Source: No</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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</tbody>
</table>

**FEES FOR YEAR 2021**

<table>
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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount: $112.00</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

- **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

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

- **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/

- **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

**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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

---

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2020</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1393147</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
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.

FREED, JASON
JONES ESTATES, LLC
2310 S MIAMI BLVD, STE 238
DURHAM, NC 27703

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LAKESIDE MHC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4505512</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 260</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

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... 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.

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: | 12/31/2020 |
| Revenue ID: | 1393335 |
| Amount Due: | $499.20 |
| Type Code: | LFCWS |

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: LAKESIDE MHC
Contact NAME: FREED, JASON

SIGNATURE OF OWNER ________________________________ DATE __________________

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.

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.

---

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

**WATER SYSTEM INFORMATION**

| Name: | LOGAN, CITY OF |
| PWS ID: | OH3700612 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 3304 |
| Surface Water Source: | No |

**FEES FOR YEAR 2021**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
</tbody>
</table>

| Pay this amount: | $4,889.92 |

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.

**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

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** LOGAN, CITY OF

**Contact NAME:** LOGAN, CITY OF

**PWS ID:** OH3700612

**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-DDAGW

PO BOX 1049

Columbus, OH 43216-1049

| Due Date: | 12/31/2020 |
| Revenue ID: | 1393684 |
| Amount Due: | $4,889.92 |
| Type Code: | LFCWS |
| Transaction ID: |  

1393684 0000488992 LFCWS 000000000 7
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>HINEYS SALOON PWS</th>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH8039612</td>
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<table>
<thead>
<tr>
<th>System Type</th>
<th>TRANSIENT NONCOMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

**TOTAL**

Pay this amount: $112.00

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.

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

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...**
   - 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:** HINEYS SALOON PWS  
**PWS ID:** OH8039612  
**Contact NAME:** HINEYS SALOON

**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-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

---

| Due Date: | 12/31/2020 |
| Revenue ID: | 1393839 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1393839 0000011200 LFCWS 000000000 5 |
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   - 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: ARROWHEAD LAKE MHP
Contact NAME: RASCHKE, WILLIAM

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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2020
Revenue ID: 1394260
Amount Due: $539.52
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.

THE SPRINGFIELD HOUSE
STEVE BRUCE
2539 BRAND ROAD
CABLE, OH 43009

WATER SYSTEM INFORMATION

Name: THE SPRINGFIELD HOUSE PWS
PWS ID: OH1253212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2021

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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.

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

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

NOTE: THIS IS A LOCKBOX. PLEASE DO NOT SEND OTHER CORRESPONDENCE TO THIS ADDRESS.

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2020
Revenue ID: 1394345
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

TREASURER STATE OF OHIO

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OHIO MOTEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7700039</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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.

**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**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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:** OHIO MOTEL

**Contact NAME:** OHIO MOTEL

**SIGNATURE OF OWNER**

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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

| Due Date: | 12/31/2020 |
| Revenue ID: | 1394904 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: VINH LOC, HAI</th>
<th>PWS ID: OH6502412</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 29</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

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.

**IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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...**
   - 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.

---

**SIGNATURE OF OWNER**

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: | 12/31/2020 |
| Revenue ID: | 1395078 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Ohio EPA-DDAGW

PO BOX 1049

Columbus, OH 43216-1049
Rock Creek, Village of
Mayor and Council
PO Box 92
Rock Creek, OH 44084

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: Rock Creek Village</th>
<th>PWS ID: OH0401111</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: Community</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 220</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2021

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $422.40

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.

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

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

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/

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: ROCK CREEK VILLAGE
Contact NAME: ROCK CREEK, VILLAGE OF

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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2020
Revenue ID: 1395507
Amount Due: $422.40
Type Code: LFCWS
Transaction ID:
**THALMAN, KATHYRN**  
PO BOX 537  
ST. CLAIRSVILLE, OH 43950

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ST. CLAIRSVILLE, CITY OF PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0701516</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2479</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2021**

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: $4,759.68

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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/

**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: ST. CLAIRSVILLE, CITY OF PWS  
Contact NAME: THALMAN, KATHYRN

**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-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

Due Date: 12/31/2020  
Revenue ID: 1395713  
Amount Due: $4,759.68  
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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: STICKY FINGERS SMOKE CO.
Contact NAME: THOMPSON, SAM

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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2020
Revenue ID: 1396031
Amount Due: $112.00
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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...
   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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ROBINSON LAKESIDE RETREAT PWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7836912</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: $112.00

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: ROBINSON LAKESIDE RETREAT PWS
Contact NAME: ROBINSON LAKESIDE RETREAT

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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2020
Revenue ID: 1396335
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: