Operator of Record (ORC) Notification Form

Ohio Environmental Protection Agency
Division of Drinking and Ground Waters
Operator Certification Unit
50 West Town St, Suite 700
P.O. Box 1049
Columbus, OH 43216-1049
Phone: (614) 644-2752
(866) 411-OPCT (6728)
Fax: (614) 644-2909
Email: opcert@epa.ohio.gov
Website: http://www.epa.ohio.gov/ddagw/opcert.aspx

I. SYSTEM INFORMATION

Name of System: _____________________________ Phone Number: _____________________________
PWS ID / NPDES Permit #: _____________________________ STU # (PWS only): _____________________________
Name of Facility Owner or Permittee, Title (Print) _____________________________ Signature _____________________________

II. SYSTEM TYPE (Check all that apply)

<table>
<thead>
<tr>
<th>Public Water System (PWS)</th>
<th>Distribution System</th>
<th>Wastewater Treatment Works</th>
<th>Wastewater Collection System</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Class A</td>
<td>☐ Class I</td>
<td>☐ Class A</td>
<td>☐ Class I</td>
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<td>☐ Class I</td>
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<td>☐ Class IV</td>
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</tbody>
</table>

III. OPERATOR OF RECORD INFORMATION (Attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>New (N), Existing (E) or Remove (R)</th>
<th>Effective Date</th>
<th>Name of Operator</th>
<th>Certification Number &amp; Expiration Date</th>
<th>Signature</th>
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</table>

Total amount of time spent onsite by ORC(s): _____ hours / week _____ days / week

* I verify that I am the onsite certified operator responsible for the technical operation of the above referenced facility. I have a valid certification of a class equal to or greater than the classification of the above referenced facility. By signing this document, I acknowledge I have read and understand the responsibilities of an operator of record and a certified operator as described in Chapter 3745-7 of the Ohio Administrative Code. I will be honest and accurate in my interactions with Ohio EPA and will take actions in the interest of public health and the environment. Failure to adhere to these responsibilities may result in disciplinary action up to and including revocation of any certificate(s) I may hold.

For Internal Use Only

PWS TP Class: _____________________________ PWS DS Class: _____________________________
Class A PWS: ☐ With Treatment ☐ Without Treatment
Reviewed by: _____________________________ Date of SDWIS update: _____________________________
Date of Compliance Status Letter: _____________________________

EPA 5121 (Rev. 08/18)