



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

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 Fax: (614) 644-2909
 Email: opcert@epa.ohio.gov
 Website: <http://www.epa.ohio.gov/ddagw/opcert.aspx>

I. SYSTEM INFORMATION		Date: _____
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)			
Public Water System (PWS)	Distribution System	Wastewater Treatment Works	Wastewater Collection System
<input type="checkbox"/> Class A <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class I <input type="checkbox"/> Class II	<input type="checkbox"/> Class A <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class I <input type="checkbox"/> Class II

III. OPERATOR OF RECORD INFORMATION (Attach additional sheets if necessary)				
New (N), Existing (E) or Remove (R)	Effective Date	Name of Operator	Certification Number & Expiration Date	Signature* <small>(For removal, a signature is required from either the facility owner-permittee or the operator being removed.)</small>
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: <input type="checkbox"/> With Treatment <input type="checkbox"/> Without Treatment	
Reviewed by:	Date of SDWIS update:
Date of Compliance Status Letter:	