



**Application for Approval as a Contract Operation Company or Contracted Professional Operator**

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  
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 website: <http://www.epa.ohio.gov/ddagw/opcrt>

I. CONTACT INFORMATION
Date: _____
Company Name/Professional Operator Name: _____
Phone Number: _____
Emergency Number: _____
E-Mail: _____
Address, City, State, Zip: _____ _____
Owner/Profession Operator (Print) _____
Owner/Professional Operator (Signature*) _____

II. SERVICES & AREAS PROVIDED			
Water Supply	Water Distribution	Wastewater Treatment	Wastewater Collection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District/Counties of Service: _____			

III. OPERATOR EMPLOYEE INFORMATION (if applicable)				
Operator	Drinking Water Certification Number	Drinking Water Expiration	Wastewater Certification Number	Wastewater Expiration

**\*By signing this document, I acknowledge the following: I have read and understand the responsibilities of a contract operations company/contract operator as described in Chapter 3745-7-21 (B) of the Ohio Administrative Code (OAC).**

**Attach a sample contract that meets the requirements of OAC Rule 3745-7-21.**

For Internal Use Only	
Reviewed by:	Date of SDWIS update:
Date of Compliance Status Letter:	