



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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I. SYSTEM INFORMATION		Date: _____
Name of System: _____		Phone Number: _____
PWS ID/NPDES Permit #: _____	STU #: _____	Classification: _____
Name of Facility Owner or Permittee, Title (Print) _____		Facility Owner or Permittee (Signature) _____

II. SYSTEM TYPE (Check only one of the following. Use additional sheets if necessary.)			
Public Water System (PWS)	Distribution System	Treatment Works	Collection System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. OPERATOR OF RECORD INFORMATION				
Additional (A), Existing (E), New (N) or Remove (R)	Effective Date	Name of Operator of Record	Certification Number & Expiration Date	Signature of Certified Operator* <small>(Signature is not required for an operator of record who is being removed.)</small>
Amount of time an ORC spends onsite at the Facility:			_____ 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 the following: 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.

(Attach additional sheets if necessary.)

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