Division of Drinking and Ground Waters
Operator Certification Unit

Request for Public Water System Reclassification

PWS Name:	
PWS ID #:	STU #:
Owner Address:	
Owner's Phone:	Fax:
Contact Person:	County:

Design Flow (MGD): _____ Population served: _____

Water Source: ☐ Surface water ☐ Ground water

Precipitative Softening: ☐ Yes ☐ No Slow Sand Filtration: ☐ Yes ☐ No

Treatment for a Primary MCL: ☐ Yes ☐ No Treatment for a Secondary MCL: ☐ Yes ☐ No

Name of the Operator of Record:	Certification Number of the Operator of Record:
Phone number:	Expiration date:
Current Classification:	Proposed Reclassification:

Describe why you are requesting this reclassification: (Attach additional sheets if necessary.)

Print PWS Owner Name and Title: _____

Owner Signature:_____ Date:_____

Send to the appropriate Ohio EPA District Office:

Central District Office:	Ohio EPA – CDO	P.O. Box 1049, Columbus, Ohio 43216-1049	Fax: (614) 728-3898
Northeast District Office:	Ohio EPA – NEDO	2110 East Aurora Road, Twinsburg, Ohio 44087	Fax: (330) 487-0769
Northwest District Office:	Ohio EPA – NWDO	347 North Dunbridge Road, Bowling Green, Ohio 43402	Fax: (419) 352-8468
Southeast District Office:	Ohio EPA – SEDO	2195 Front Street, Logan, Ohio 43138	Fax: (740) 385-6490
Southwest District Office:	Ohio EPA – SWDO	401 East Fifth Street, Dayton, Ohio 45402	Fax: (937) 285-6750