



Division of Surface Water
Operator Certification – Wastewater

Division of Surface Water – OpCert
Send To: 50 W. Town Street, Suite 700
P.O. Box 1049
Columbus, Ohio 43216-1049

Seasonal Operations Approval

I. Applicant			
Facility Name:	Enter Facility Name Here		
Mailing Address:	Enter Facility Mailing Address Here		
City:	City	State:	State
		Zip:	Zip Code
Facility Contact:	Facility Contact		
Contact Title:	Contact Title		
Phone:	Phone	Fax:	Fax
		E-mail:	E-mail Address
II. Facility Information			
NPDES Permit Number:	NPDES Permit #		
Facility Classification:	<input type="checkbox"/> Class A <input type="checkbox"/> Class I		
Operator of Record(s) (ORC):	Enter Name	Certification #:	Enter Certification #
III. Seasonal Operation <i>(Attach a copy of a contingency plan for lowering the level of water in the tanks during the shutdown)</i>			
<i>If the exact date of reopening is not known, simply provide the month.</i>			
System Shut Down Date:	Shut Down Date		
Proposed Reopening Date:	Reopening Date		
<i>Additional Comments:</i> Additional Comments			
IV. Hauling			
Date of Wastewater Removal:	Enter Date		
Volume of Wastewater Removed:	Enter Volume		
Receiving Facility:	Facility Name		
V. Signature			
Permittee Name: Permittee Name Here			
Signature:	Date: Enter Date		