



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

Phone: (614) 644-2752
 1- 866 - 411-OPCT (6728)
 Fax: (614) 644-2909
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 website: http://www.epa.ohio.gov/ddagw/opcert.aspx

I. SYSTEM INFORMATION

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

Add Additional (A), Existing (E), New (N) or Remove (R)	Effective Date	Name of Operator of Record	Certification Number & Expiration Date	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. (Signature of certified operator)*

* A signature by an operator of record who is being removed is not required.
 (Attach additional sheets if necessary.)

Amount of time an ORC spends onsite at the Facility: _____ hours/week _____ days/week

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