WATER SYSTEM INFORMATION

47 BAR AND GRILL
KIM PFLUM
PO BOX 216
PORT JEFFERSON, OH 45360

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to:
  TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2019

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Name: 47 BAR AND GRILL
PWS ID: OH7534412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

The current amount due includes a 10% penalty.

| License Fee:  | $112.00 |
| 10% Penalty: | $11.20  |
| Total Due:    | $123.20 |

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: 47 BAR AND GRILL
Contact NAME: 47 BAR AND GRILL

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1257142
Amount Due: $123.20
Type Code: LFCWS
Transaction ID:

1257142 0000012320 LFCWS 00000000 9
**WATER SYSTEM INFORMATION**

- **Name:** WINGATE, WALTER
- **PWS ID:** OH8344312
- **System Type:** TRANSIENT NONCOMMUNITY
- **Number of Wells:** 1
- **Surface Water Source:** No

**FEES FOR YEAR 2019**

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<tr>
<th>Description</th>
<th>Fee</th>
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<tr>
<td>License Fee</td>
<td>$112.00</td>
</tr>
<tr>
<td>10% Penalty</td>
<td>$11.20</td>
</tr>
<tr>
<td><strong>Total Due</strong></td>
<td><strong>$123.20</strong></td>
</tr>
</tbody>
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**CONFIRM THE WATER SYSTEM INFORMATION...**

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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- Make check or money order payable to: TREASURER STATE OF OHIO
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**RETURN APPLICATION PROMPTLY...**

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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** FRONTIER CAMPGROUND

**Contact NAME:** WINGATE, WALTER

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

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<th>Revenue ID: 1257935</th>
<th>Amount Due: $123.20</th>
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<th>Transaction ID:</th>
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<tbody>
<tr>
<td>Due Date: 12/31/2018</td>
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WATER SYSTEM INFORMATION

Name: BOY SCOUTS-CAMP BIRCH 1 PWS
PWS ID: OH2940312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

NAME: BOY SCOUTS-CAMP BIRCH 1 PWS
PWS ID: OH2940312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

The current amount due includes a 10% penalty.

License Fee: $112.00
10% Penalty: $11.20
Total Due: $123.20

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

SIGNATURE OF OWNER ________________________ DATE ____________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1257352
Amount Due: $123.20
Type Code: LFCWS
Transaction ID: 1257352 000012320 LFCWS 000000000 4
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

Name: BOY SCOUTS-CAMP BIRCH 2 PWS
PWS ID: OH2940322
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

**FEES FOR YEAR 2019**

<table>
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<tr>
<th>Total</th>
<th>The current amount due includes a 10% penalty.</th>
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</thead>
<tbody>
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<tr>
<td>10% Penalty:</td>
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<td>Total Due:</td>
<td>$123.20</td>
</tr>
</tbody>
</table>

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BOY SCOUTS-CAMP BIRCH 2 PWS
PWS ID: OH2940322
Contact NAME: BOY SCOUTS-CAMP BIRCH

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1257353
Amount Due: $123.20
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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<table>
<thead>
<tr>
<th>Name: CROSS CAMPGROUND OFFICE PWS</th>
<th>PWS ID: OH6837512</th>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
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</tr>
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</table>

**WATER SYSTEM INFORMATION**

**FEES FOR YEAR 2019**

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**RETURN APPLICATION PROMPTLY...**

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** CROSS CAMPGROUND OFFICE PWS

**Contact NAME:** CROSS CAMPGROUND

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1257701
Amount Due: $123.20
Type Code: LFCWS
Transaction ID:
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSING TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2019</th>
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<tbody>
<tr>
<td>Name:</td>
<td>HUSTEAD MARATHON PWS</td>
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<tr>
<td>PWS ID:</td>
<td>OH1249112</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The current amount due includes a 10% penalty.</td>
</tr>
<tr>
<td>License Fee:</td>
<td>$112.00</td>
</tr>
<tr>
<td>10% Penalty:</td>
<td>$11.20</td>
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<tr>
<td>Total Due:</td>
<td>$123.20</td>
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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
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  TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to
  http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HUSTEAD MARATHON PWS
Contact NAME: HUSTEAD GAS AND FOOD MART
SIGNATURE OF OWNER ________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1258196
Amount Due: $123.20
Type Code: LFCWS
Transaction ID:

1258196 0000012320 LFCWS 000000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LA PIZZERIA PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4648312</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2019**

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<th></th>
<th>TOTAL</th>
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<tr>
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<tr>
<td>10% Penalty:</td>
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<td>Total Due:</td>
<td>$123.20</td>
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</table>

The current amount due includes a 10% penalty.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

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**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: LA PIZZERIA PWS

Contact NAME: LA PIZZERIA

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1258321
Amount Due: $123.20
Type Code: LFCWS
Transaction ID: 1258321 0000012320 LFCWS 000000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>ROBIN GRAYS PWS</th>
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<td>PWS ID:</td>
<td>OH1330912</td>
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<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>35</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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<td>$11.20</td>
</tr>
<tr>
<td>Total Due:</td>
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</tbody>
</table>

NEW RICHMOND, VILLAGE OF
VILLAGE ADMINISTRATOR
102 WILLOW ST
NEW RICHMOND, OH 45157

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: ROBIN GRAYS PWS
Contact NAME: NEW RICHMOND, VILLAGE OF

SIGNATURE OF OWNER _________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1258975
Amount Due: $123.20
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

### SANTA FE LOUNGE
3991 DAYTON XENIA RD
DAYTON, OH 45432

#### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SANTA FE LOUNGE</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2936312</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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#### FEES FOR YEAR 2019

<table>
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**DDAGW PW:** Public Water System License to Operate (LFCWS)

**PWS NAME:** SANTA FE LOUNGE  
**PWS ID:** OH2936312

**Contact NAME:** SANTA FE LOUNGE

**SIGNATURE OF OWNER** ___________________________ **DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<td>Type Code:</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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</tbody>
</table>
**WATER SYSTEM INFORMATION**

**SPRING MEADOWS CARE CENTER**  
1649 PARK ROAD  
WOODSTOCK, OH 43084

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
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<tr>
<th>Name</th>
<th>SPRING MEADOWS CARE CENTER</th>
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<tbody>
<tr>
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<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
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<td>Surface Water Source:</td>
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<td>Total Due:</td>
<td>$123.20</td>
</tr>
</tbody>
</table>

The current amount due includes a 10% penalty.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**SIGNATURE OF OWNER**

<table>
<thead>
<tr>
<th>PWS NAME:</th>
<th>SPRING MEADOWS CARE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact NAME:</td>
<td>SPRING MEADOWS CARE CENTER</td>
</tr>
</tbody>
</table>

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

- Due Date: 12/31/2018
- Revenue ID: 1259131
- Amount Due: $123.20
- Type Code: LFCWS
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

YMCA WILLSON CENTER
2732 CO RD 11
BELLEFONTAINE, OH 43311

WATER SYSTEM INFORMATION

Name: YMCA WILLSON CENTER-DINING PWS
PWS ID: OH4639212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2019

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Fee</td>
<td>$112.00</td>
</tr>
<tr>
<td>10% Penalty</td>
<td>$11.20</td>
</tr>
<tr>
<td>Total Due</td>
<td>$123.20</td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

ATTACHED IS A HANDOUT THAT INDICATES HOW THIS INFORMATION WAS USED TO DETERMINE YOUR FEE AND EXAMPLES OF HOW THE FEE IS CALCULATED FOR EACH TYPE OF WATER SYSTEM.

Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to:
  TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: YMCA WILLSON CENTER-DINING PWS
Contact NAME: YMCA WILLSON CENTER

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1259585
Amount Due: $123.20
Type Code: LFCWS
Transaction ID: 1259585 0000012320 LFCWS 000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

YMCA WILLSON CENTER
2732 CO RD 11
BELLEFONTAINE, OH 43311

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: YMCA WILLSON CENTER-RANCH PWS
PWS ID: OH4645812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2019

The current amount due includes a 10% penalty.

| License Fee: | $112.00 |
| 10% Penalty: | $11.20 |
| Total Due: | $123.20 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-8357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: YMCA WILLSON CENTER-RANCH PWS
Contact NAME: YMCA WILLSON CENTER

SIGNATURE OF OWNER ______________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1259586
Amount Due: $123.20
Type Code: LFCWS
Transaction ID:

1259586 000012320 LFCWS 000000000 8
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WATER SYSTEM INFORMATION

Name: EDGEWOOD MOBILE HOME PARK
PWS ID: OH1201712
System Type: COMMUNITY
Number of Service Connections: 56
Surface Water Source: No

Fees for Year 2019

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

The current amount due includes a 10% penalty.

- License Fee: $176.00
- 10% Penalty: $17.60
- Total Due: $193.60

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: EDGEWOOD MOBILE HOME PARK
Contact NAME: WHITEHILL, JOHN

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1259654
Amount Due: $193.60
Type Code: LFCWS
Transaction ID: LFCWS
WATER SYSTEM INFORMATION

Name: CATALINA MOBILE HOME PARK
PWS ID: OH0900512
System Type: COMMUNITY
Number of Service Connections: 462
Surface Water Source: No

FEES FOR YEAR 2019

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>License Fee:</td>
<td>$887.04</td>
</tr>
<tr>
<td>10% Penalty:</td>
<td>$88.70</td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

The current amount due includes a 10% penalty.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date:  | 12/31/2018 |
| Revenue ID: | 1260199    |
| Amount Due: | $975.74    |
| Type Code:  | LFCWS      |

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CATALINA MOBILE HOME PARK
Contact NAME: UMH OH CATALINA, LLC

SIGNATURE OF OWNER ___________________________ DATE ___________________________
**WATER SYSTEM INFORMATION**

OAKWOOD VILLAGE VILLAGE MHP
2777 FRANKLIN RD STE 200
SOUTHFIELD, MI 48034

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**FEES FOR YEAR 2019**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>OAKWOOD VILLAGE MHP</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH5703715</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections</td>
<td>511</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>Yes</td>
</tr>
<tr>
<td>License Fee</td>
<td>$981.12</td>
</tr>
<tr>
<td>10% Penalty</td>
<td>$98.11</td>
</tr>
<tr>
<td>Total Due</td>
<td>$1,079.23</td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN**... Application MUST be signed and dated in the designated area below.

3. **PAY FEES**... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY**... Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: OAKWOOD VILLAGE MHP

Contact NAME: OAKWOOD VILLAGE

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2018
Revenue ID: 1260224
Amount Due: $1,079.23
Type Code: LFCWS
Transaction ID: 1260224 0000107923 LFCWS 000000000 1
# 2019 PUBLIC WATER SYSTEM LICENSE NOTICE

**New Richmond, Village of**

102 Willow St
New Richmond, OH 45157

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NEW RICHMOND VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1301212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>970</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2019**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| License Fee | $1,862.40 |
| 10% Penalty | $186.24 |
| **Total Due** | **$2,048.64** |

- **CONFIRM THE WATER SYSTEM INFORMATION...**
  - Such as System Name, System Type, Mailing Address, and Fee Amount.
  - **IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

- **SIGN...**
  - Application MUST be signed and dated in the designated area below.

- **PAY FEES...**
  - Please pay the required fee by check, money order or credit card.
  - - Make check or money order payable to: TREASURER STATE OF OHIO
  - - For Information on paying by Credit Card go to http://epa.ohio.gov/

- **RETURN APPLICATION PROMPTLY...**
  - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** NEW RICHMOND VILLAGE PWS  
**PWS ID:** OH1301212

**Contact NAME:** NEW RICHMOND, VILLAGE OF

**SIGNATURE OF OWNER** ____________________________ **DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2018 |
| Revenue ID: | 1260371 |
| Amount Due: | $2,048.64 |
| Type Code: | LFCWS |
| Transaction ID: | |