



## 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

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 |
|---------------------------|---------------------|-----------------|-------------------|
|                           |                     |                 |                   |

### III. OPERATOR OF RECORD INFORMATION

| Add Additional(A), New (N) or Remove(R) | 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. (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: \_\_\_\_\_

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