

MXXN 8123/00 16

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

Phone: (614) 644-2752

1-866 - 411-OPCT (6728)

Fax: amail:

(614) 644-2909 oncert@ena ohio gov

Columbus, OH 4	website: http://www.epa.ohio.gov/ddagw/opcert.aspx					
I. SYSTEM IN	Date: 8/23/16					
Name of Syste	em: <u>Amesville</u>	PWS Phone Number: 740-4	148-2411	_		
PWS ID/NPDE	S Permit #: <u>O</u>	H0500112 STU #: 552893				
		Wodane, Noodi Omoor	on My			
Name of Facili	ty Owner or Pe	ermittee, Title (Print) Facility	Owner or Pe	rmittee (Si	gnature)	
II. SYSTEM TY	PE (Check on	ly one of the following. Use	additional sh	eets if ne	cessary.)
Public Water System (PWS)		Distribution System	Treatment Works		Collection System	
III. OPERATO	R OF RECOR	D INFORMATION				
Additional (A), Existing (E), New (N) or Remove (R)	Effective Date	Name of Operator of Record	Certification Number & Expiration Date		Signature of Certified Operator* (Signature is not required for an operator of record who is being removed.)	
N	1/1/16	Gordon Armstrong	WS1-1114097-09 12/31/17		Hordon antig	
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Amount of tim	15	12 hours/week		days/week		

* 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.

By signing this document, I acknowledge the following: I have read and understand the responsibilities of an operator of record and a certified operator as described in Chapter 3745-7 of the Ohio Administrative Code. I will be honest and accurate in my interactions with Ohio EPA and will take actions in the interest of public health and the environment. Fallure to adhere to these responsibilities may result in disciplinary action up to and including revocation of any certificate(s) I may hold.

(Attach additional sheets if necessary.)

For Internal Use Only					
Reviewed by:	Date of SDWIS update:				
Date of Compliance St	atus Letter:				