

**OHIO EPA DIVISION OF DRINKING AND GROUND WATERS= ELECTRONIC DATA  
SUBMITTAL  
MEMORANDUM OF AGREEMENT**

Federal Regulations require that submittals to Ohio EPA from corporations be signed by a principal executive officer; from partnerships or sole proprietorship by the proprietor or a general partner; and for a municipality, state, federal or other public facility by a principal executive officer or ranking elected official. Based upon the above, the appropriate individual listed below is authorized to submit drinking water monthly operating and sample submission reports to Ohio EPA electronically. A Personal Identification Number (PIN) will be assigned to the responsible official by Ohio EPA. The PIN appended to the data is your signature, as the appropriate individual authorized to submit the information. The individual whose signature appears below certifies under penalty of law that data transmitted to Ohio EPA will be true and accurate and is aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Ohio EPA must be notified of any changes in this reporting responsibility. Should you become aware that your designated PIN may be known by an unauthorized individual, Ohio EPA must be notified immediately. Refer to Sections 3745-81-28, 3745-81-31, and 3745-89-08 of the Ohio Administrative Code for specific reporting requirements.

\_\_\_\_\_  
Signature of Responsible Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Responsible Officer

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Laboratory or Public Water System Name

\_\_\_\_\_  
Laboratory or Public Water System Address

\_\_\_\_\_  
County

Telephone: ( ) - Ext.

Number of years at this facility: \_\_\_\_\_

Is your Lab Certified: Y / N

Lab Certification Number: \_\_\_\_\_

**Please return this request form to:**

Ohio EPA - DDAGW  
ATTN: DRINKware Admin.  
P.O. Box 1049  
Columbus OH 43216-1049  
Fax (614) 644-2909

**FOR OFFICE USE ONLY**

**PIN** \_\_\_\_\_

**LAB ID** \_\_\_\_\_

**DATE ASSIGNED** \_\_\_\_\_

**BY** \_\_\_\_\_

Owner or Owning Organization of the Lab or Public Water System:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

Organization Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Operator or Operating Organization of the Lab or Public Water System:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_