



Request for Public Water System Reclassification

PWS Name:	
PWS ID #	
STU #	
Owner Address:	
Owner's Phone: () -	Fax: : () -
Contact Person:	County
Design Flow (MGD) : _____ Population served: _____	
Water Source: Surface water ___ Ground water ___	
Precipitative Softening: Yes ___ No ___ Slow Sand Filtration: Yes ___ No ___	
Treatment for a Primary MCL: Yes ___ No ___ Treatment for a Secondary MCL: Yes ___ No ___	
Name of the Operator of Record:	Certification Number of the Operator of Record:
Phone number:	Expiration date:
Current Classification:	Proposed Reclassification:

Describe why you are requesting this reclassification: (Attach additional sheets if necessary.)

Print PWS Owner Name and Title: _____

Owner Signature: _____ Date: _____

Send to the appropriate OEPA District Office:

- | | | | |
|-----------------------------|-----------------|---|---------------------|
| Central District Office: | Ohio EPA – CDO | P.O. Box 1049 Columbus, Ohio 43216-1049 | Fax: (614) 728-3898 |
| Northeast District Office: | Ohio EPA – NEDO | 2110 East Aurora Road Twinsburg, Ohio 44087 | Fax: (330) 487-0769 |
| Northwest District Office: | Ohio EPA – NWDO | 347 N. Dunbridge Road Bowling Green, Ohio 43402 | Fax: (419) 352-8468 |
| Southeast District Office: | Ohio EPA – SEDO | 2195 Front Street Logan, Ohio 43138 | Fax: (740) 385-6490 |
| Southwest District Office : | Ohio EPA – SWDO | 401 East Fifth Street Dayton, Ohio 45402 | Fax: (937) 285-6750 |