



Division of Surface Water  
Operator Certification – Wastewater

Division of Surface Water – OpCert  
50 W. Town Street, Suite 700  
P.O. Box 1049  
Columbus, Ohio 43216-1049

### Seasonal Operations Approval

|  |                                  |         |  |
|--|----------------------------------|---------|--|
| <b>I. Applicant</b>  |                                  |         |  |
| Facility Name:   |                                  |         |  |
| Mailing Address:   |                                  |         |  |
| City:  | State:                           | Zip:    |  |
| Facility Contact:  |                                  |         |  |
| Contact Title:   |                                  |         |  |
| Phone:   | Fax:                             | E-mail: |  |
| <b>II. Facility Information</b>  |                                  |         |  |
| NPDES Permit Number:   |                                  |         |  |
| Facility Classification:   | <input type="checkbox"/> Class A |         |  |
|  | <input type="checkbox"/> Class I |         |  |
| Operator of Record(s) (ORC):   | Certification #:                 |         |  |
| <b>III. Seasonal Operation</b> <i>(Attach a copy of a contingency plan for lowering the level of water in the tanks during the shutdown)</i> |                                  |         |  |
| <i>If the exact date of reopening is not known, simply provide the month.</i>  |                                  |         |  |
| System Shut Down Date:   |                                  |         |  |
| Proposed Reopening Date:   |                                  |         |  |
| <i>Additional Comments:</i>  |                                  |         |  |
| <br>   |                                  |         |  |
| <b>IV. Hauling</b>   |                                  |         |  |
| Date of Wastewater Removal:  |                                  |         |  |
| Volume of Wastewater Removed:  |                                  |         |  |
| Receiving Facility:  |                                  |         |  |
| <b>V. Signature</b>  |                                  |         |  |
| Permittee Name:  |                                  |         |  |
| Signature:   |                                  | Date:   |  |