NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

COLUMBUS PUBLIC WATER SYSTEM
910 DUBLIN RD
COLUMBUS, OH 43215

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>COLUMBUS PUBLIC WATER SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2504412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>278139</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
</tr>
</tbody>
</table>

Pay this amount: $211,385.64

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: COLUMBUS PUBLIC WATER SYSTEM PWS ID: OH2504412
Contact NAME: COLUMBUS PUBLIC WATER SYSTEM

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322255
Amount Due: $211,385.64
Type Code: LFCWS
Transaction ID: 
**PUBLIC WATER SYSTEM LICENSE NOTICE**

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

- **Name:** DEL-CO WATER COMPANY, INC.
- **PWS ID:** OH2101412
- **System Type:** COMMUNITY
- **Number of Service Connections:** 46300
- **Surface Water Source:** Yes

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$48,152.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** DEL-CO WATER COMPANY, INC.  
**PWS ID:** OH2101412

**Contact NAME:** DEL-CO WATER COMPANY INC

**SIGNATURE OF OWNER** __________________________  
**DATE** __________________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
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<tr>
<td>Revenue ID:</td>
<td>1322250</td>
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<tr>
<td>Amount Due:</td>
<td>$48,152.00</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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<td>Transaction ID:</td>
<td></td>
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</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

NEWARK, CITY OF
C/O WATER ADMINISTRATOR
34 S FIFTH ST
NEWARK, OH 43055

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW - Public Water System License to Operate (LFCWS)

PWS NAME: NEWARK CITY PWS
PWS ID: OH4502314
Contact NAME: NEWARK, CITY OF

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322230
Amount Due: $20,648.10
Type Code: LFCWS
Transaction ID: 1322230 0002064810 LFCWS 000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
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PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>PWS ID:</td>
<td></td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>15260</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $16,786.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LANCASTER CITY PWS
Contact NAME: LANCASTER, CITY OF

SIGNATURE OF OWNER ___________________________ DATE _______________

Due Date: 12/31/2019
Revenue ID: 1322218
Amount Due: $16,786.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WESTERVILLE, CITY OF
21 S. STATE ST.
WESTERVILLE, OH 43081

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

ATTACHED IS A HANDOUT THAT INDICATES HOW THIS INFORMATION WAS USED TO DETERMINE YOUR FEE AND EXAMPLES OF HOW THE FEE IS CALCULATED FOR EACH TYPE OF WATER SYSTEM.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322215
Amount Due: $15,602.00
Type Code: LFCWS
Transaction ID: LFCWS
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DELAWARE, CITY OF
3080 US HWY 23 N
DELAWARE, OH 43015

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DELAWARE CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2100311</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>13441</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Fees for Year 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $15,591.56

RETURN APPLICATION PROMPTLY...

Application MUST be signed and dated in the designated area below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DELAWARE CITY PWS
Contact NAME: DELAWARE, CITY OF

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322213
Amount Due: $15,591.56
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN Completing This APPLICATION**

**1. CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2. SIGN...**
   - Application MUST be signed and dated in the designated area below.

**3. PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

**4. RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>REYNOLDSBURG CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH2503203</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections</td>
<td>11172</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $12,959.52</td>
<td></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** REYNOLDSBURG CITY PWS  
**PWS ID:** OH2503203

**CONTACT NAME:** REYNOLDSBURG, CITY OF

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322197
Amount Due: $12,959.52
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

Name: GAHANNA CITY PWS  
PWS ID: OH2501303  
System Type: COMMUNITY  
Number of Service Connections: 10520  
Surface Water Source: Yes

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$12,203.20</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: GAHANNA CITY PWS  
PWS ID: OH2501303  
Contact NAME: GAHANNA, CITY OF

**SIGNATURE OF OWNER** ______________________  **DATE** ______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1322188  
Amount Due: $12,203.20  
Type Code: LFCWS  
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MOUNT VERNON, CITY OF
CITY HALL, 40 PUBLIC SQUARE
MOUNT VERNON, OH 43050

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MOUNT VERNON CITY PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4200812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
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<td>Surface Water Source:</td>
<td>No</td>
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FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td>Pay this amount: <strong>$10,390.14</strong></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

RETURN APPLICATION PROMPTLY...

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MOUNT VERNON CITY PWS  
PWS ID: OH4200812
Contact NAME: MOUNT VERNON, CITY OF

SIGNATURE OF OWNER ___________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1322169
Amount Due: $10,390.14
Type Code: LFCWS
Transaction ID:
### WATER SYSTEM INFORMATION

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<td>PWS ID:</td>
<td>OH8000314</td>
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<td>System Type:</td>
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<td>7685</td>
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<td>Surface Water Source:</td>
<td>Yes</td>
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</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: **$10,297.90**

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** MARYSVILLE CITY PWS

**PWS ID:** OH8000314

**Contact NAME:** MARYSVILLE, CITY OF

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<th>Due Date:</th>
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<td>Amount Due:</td>
<td>$10,297.90</td>
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<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

- **Name:** WASHINGTON COURT HOUSE PWS
- **PWS ID:** OH2400714
- **System Type:** COMMUNITY
- **Number of Service Connections:** 6975
- **Surface Water Source:** Yes

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
</tr>
<tr>
<td>Pay this amount:</td>
<td>$9,904.50</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** WASHINGTON COURT HOUSE PWS

**Contact NAME:** WASHINGTON COURT HOUSE, CITY OF

**SIGNATURE OF OWNER** ___________________________ **DATE** ________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1322159</td>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
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<td>Transaction ID:</td>
<td>1322159 0000990450 LFCWS 000000000 2</td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: PICKERINGTON CITY PWS
Contact NAME: PICKERINGTON, CITY OF

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322148
Amount Due: $9,005.64
Type Code: LFCWS
Transaction ID:
CARLISLE, JOHN
P.O. BOX 215
ETNA, OH 43018

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SOUTHWEST LICKING COMMUNITY WATER
Contact NAME: CARLISLE, JOHN

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322140
Amount Due: $8,129.50
Type Code: LFCWS
Transaction ID:

1322140 0000812950 LFCWS 000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CIRCEVILLE, CITY OF
108 EAST FRANKLIN STREET
CIRCEVILLE, OH 43113

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CIRCEVILLE CITY PWS
Contact NAME: CIRCEVILLE, CITY OF

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Pay: $7,396.78
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FAIRFIELD COUNTY UTILITY
6670 LOCKVILLE RD
CARROL, OH 43112

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

| Name: FAIRFIELD COUNTY UTILITIES PWS | PWS ID: OH2301912 |
| System Type: COMMUNITY |
| Number of Service Connections: 5162 |
| Surface Water Source: No |

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**TOTAL**

Pay this amount: $7,330.04

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: FAIRFIELD COUNTY UTILITIES PWS

Contact NAME: FAIRFIELD COUNTY UTILITY

SIGNATURE OF OWNER ________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: 12/31/2019 |
| Revenue ID: 1322124 |
| Amount Due: $7,330.04 |
| Type Code: LFCWS |
| Transaction ID: |
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**BEXLEY, CITY OF**

2242 EAST MAIN STREET

BEXLEY, OH 43209

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BEXLEY CITY PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2500103</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>4320</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td>Pay this amount: $6,393.60</td>
</tr>
</tbody>
</table>

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BEXLEY CITY PWS
Contact NAME: BEXLEY, CITY OF

**SIGNATURE OF OWNER** ___________________________ **DATE** ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322101
Amount Due: $6,393.60
Type Code: LFCWS
Transaction ID: 1322101 0000639360 LFCWS 00000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HEATH, CITY OF
1287 HEBRON ROAD
HEATH, OH 43056

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

WATER SYSTEM INFORMATION

| Name: | CITY OF HEATH PWS |
| PWS ID: | OH4500912 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 4000 |
| Surface Water Source: | No |

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $5,920.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: CITY OF HEATH PWS
Contact NAME: HEATH, CITY OF

SIGNATURE OF OWNER ___________________________ DATE ________________

Due Date: 12/31/2019
Revenue ID: 1322097
Amount Due: $5,920.00
Type Code: LFCWS
Transaction ID:

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: EARNHART HILL WATER DISTRICT PWS
Contact NAME: EARNHART HILL WATER DISTRICT

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<th>Invoice/Revenue ID: 1322094</th>
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| Due Date: | 12/31/2019 |
| Revenue ID: | 1322094 |
| Amount Due: | $5,752.76 |
| Type Code: | LFCWS |
| Transaction ID: | |
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**HONDA OF AMERICA MFG., INC.**

24000 HONDA PARKWAY

MARYSVILLE, OH 43040

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HONDA - BENTON RD. WTP</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8035512</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>7600</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $5,510.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** HONDA - BENTON RD. WTP

**PWS ID:** OH8035512

**Contact NAME:** HONDA OF AMERICA MFG., INC.

**SIGNATURE OF OWNER ________________________ DATE ________________________**

**Pay to:** Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1322091 |
| Amount Due: | $5,510.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1322091 0000551000 LFCWS 0000000000 |

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LONDON CITY PWS
Contact NAME: LONDON, CITY OF

SIGNATURE OF OWNER _______________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322083
Amount Due: $5,381.28
Type Code: LFCWS
Transaction ID:
A. NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
B. A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
C. IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
D. THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Jefferson Water &amp; Sewer District PWS</td>
<td>Pay this amount: $4,765.60</td>
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<tr>
<td>PWS ID: OH2504012</td>
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</tr>
<tr>
<td>System Type: Community</td>
<td></td>
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<tr>
<td>Number of Service Connections: 3220</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

- Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: Treasurer State of Ohio
- For information on paying by credit card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: Jefferson Water & Sewer District PWS
Contact NAME: Jefferson Water & Sewer District

**SIGNATURE OF OWNER __________________________ DATE ____________**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date: 12/31/2019</th>
<th>Revenue ID: 1322065</th>
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<tr>
<td>Amount Due: $4,765.60</td>
<td>Type Code: LFCWS</td>
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<td>Transaction ID:</td>
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</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: PATASKALA CITY  
Contact NAME: PATASKALA, CITY OF

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. 
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

<table>
<thead>
<tr>
<th>Name</th>
<th>PATASKALA CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4502512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3200</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $4,736.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Due Date: 12/31/2019
Revenue ID: 1322064
Amount Due: $4,736.00
Type Code: LFCWS
Transaction ID:
KNOX COUNTY WATER & WASTEWATER
17602 COSHOCTON ROAD
MOUNT VERNON, OH 43050

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322047
Amount Due: $4,440.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: AQUA OHIO - HUBER RIDGE PWS
Contact NAME: DUNN, DAVID

SIGNATURE OF OWNER ______________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322046
Amount Due: $4,435.20
Type Code: LFCWS
Transaction ID: 1322046 0000443520 LFCWS 000000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CANAL WINCHESTER, CITY OF
36 SOUTH HIGH STREET
CANAL WINCHESTER, OH 43110

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CANAL WINCHESTER CITY PWS
Contact NAME: CANAL WINCHESTER, CITY OF

SIGNATURE OF OWNER _______________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322039
Amount Due: $4,305.32
Type Code: LFCWS
Transaction ID: 1322039 0000430532 LFCWS 000000000 1
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>AQUA OHIO - BLACKLICK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2502412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2898</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$4,289.04</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: AQUA OHIO - BLACKLICK

Contact NAME: DUNN, DAVID

**SIGNATURE OF OWNER** _______________  **DATE** _______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322036
Amount Due: $4,289.04
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### JOHNSTOWN, VILLAGE OF
599 S MAIN ST, UNIT A
JOHNSTOWN, OH 43031

#### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>JOHNSTOWN VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4501512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1980</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

#### FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. | TOTAL |

| Pay this amount: | $3,801.60 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
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     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** JOHNSTOWN VILLAGE PWS

**PWS ID:** OH4501512

**Contact NAME:** JOHNSTOWN, VILLAGE OF

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1322008</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$3,801.60</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1322008 0000380160 LFCWS 000000000 8</td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
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   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
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3. PAY FEES...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: PLAIN CITY VILLAGE PWS
Contact NAME: PLAIN CITY, VILLAGE OF

SIGNATURE OF OWNER ________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321996
Amount Due: $3,580.80
Type Code: LFCWS
Transaction ID:
**PUBLIC WATER SYSTEM LICENSE NOTICE**

**GRANVILLE, VILLAGE OF**
141 EAST BROADWAY  
P.O. BOX 514  
GRANVILLE, OH 43023-0514

**WATER SYSTEM INFORMATION**

- **Name:** GRANVILLE, VILLAGE OF  
- **PWS ID:** OH4500612  
- **System Type:** COMMUNITY  
- **Number of Service Connections:** 1657  
- **Surface Water Source:** No

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay this amount:</strong> $3,181.44</td>
</tr>
</tbody>
</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to http://epa.ohio.gov/  

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** GRANVILLE, VILLAGE OF  
**PWS ID:** OH4500612  
**Contact NAME:** GRANVILLE, VILLAGE OF

**SIGNATURE OF OWNER** ___________________________  
**DATE** ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
<th>Revenue ID: 1321973</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Due: $3,181.44</td>
<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>

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1321973 0000318144 LFCWS 0000000002
### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WEST JEFFERSON VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4902012</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1649</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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### FEES FOR YEAR 2020 | TOTAL

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$3,166.08</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** WEST JEFFERSON VILLAGE PWS  
**PWS ID:** OH4902012  
**Contact NAME:** WEST JEFFERSON, VILLAGE OF

**SIGNATURE OF OWNER** ___________________________  **DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

<table>
<thead>
<tr>
<th>Revenue ID</th>
<th>Amount Due</th>
<th>Type Code</th>
<th>Transaction ID</th>
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</thead>
<tbody>
<tr>
<td>1321972</td>
<td>$3,166.08</td>
<td>LFCWS</td>
<td></td>
</tr>
</tbody>
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Due Date: 12/31/2019

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

ATTACH A COPY OF YOUR INVOICE.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MT GILEAD VILLAGE PWS
Contact NAME: DAVIS, CATHY

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1321954</th>
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: DAVIS, CATHY</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5900712</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 1486</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $2,853.12

Due Date: 12/31/2019
Revenue ID: 1321954
Amount Due: $2,853.12
Type Code: LFCWS
Transaction ID: LFCWS 000000000 7
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DUNN, DAVID
5481 BUENOS AIRES BOULEVARD
WESTERVILLE, OH 43081

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: AQUA OHIO - LAKE DARBY
Contact NAME: DUNN, DAVID

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321952
Amount Due: $2,822.40
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**1. CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2. SIGN...**
Application MUST be signed and dated in the designated area below.

**3. PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**4. RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: COMMERCIAL POINT VILLAGE
Contact NAME: COMMERCIAL POINT, VILLAGE OF

**SIGNATURE OF OWNER** ____________________________  **DATE** __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1321945</th>
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<tbody>
<tr>
<td>Treasury, State of Ohio</td>
</tr>
<tr>
<td>Due Date: 12/31/2019</td>
</tr>
<tr>
<td>Revenue ID: 1321945</td>
</tr>
<tr>
<td>Amount Due: $2,784.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
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</table>

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>COMMERCIAL POINT VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6503512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1450</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $2,784.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN... Application MUST be signed and dated in the designated area below.

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OBETZ VILLAGE PWS
Contact NAME: OBETZ, VILLAGE OF

SIGNATURE OF OWNER __________________________ DATE ____________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321930
Amount Due: $2,588.16
Type Code: LFCWS
Transaction ID: 1321930 0000258816 LFCWS 000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: MILLERSPORT VILLAGE PWS</th>
<th>OH2301212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1300</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $2,496.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** MILLERSPORT VILLAGE PWS  
**PWS ID:** OH2301212  
**Contact NAME:** MILLERSPORT, VILLAGE OF

**SIGNATURE OF OWNER ___________________________ DATE ___________________________**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO Box 77005  
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID: 1321926</td>
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<tr>
<td>Amount Due: $2,496.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BALTIMORE VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2300112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1244</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

- Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $2,388.48

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** BALTIMORE VILLAGE PWS

**PWS ID:** OH2300112

**Contact NAME:** BALTIMORE, VILLAGE OF

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321918 |
| Amount Due: | $2,388.48 |
| Type Code: | LFCWS |
| Transaction ID: | |

1321918 0000238848 LFCWS 000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ASHVILLE, VILLAGE OF
ATTN: FRANKLIN CHRISTMAN
200 E STATION ST
ASHVILLE, OH 43103

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ASHVILLE VILLAGE PWS
Contact NAME: ASHVILLE, VILLAGE OF

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321916
Amount Due: $2,365.44
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

GROVEPORT, CITY OF
FINANCE DIRECTOR
655 BLACKLICK ST
GROVEPORT, OH 43125

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GROVEPORT PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2501512</td>
</tr>
<tr>
<td>System Type :</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1184</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount:</th>
<th>$2,273.28</th>
</tr>
</thead>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** GROVEPORT PWS

**Contact NAME:** GROVEPORT, CITY OF

**SIGNATURE OF OWNER** ___________________________________ **DATE** __________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321910
Amount Due: $2,273.28
Type Code: LFCWS
Transaction ID: 1321910 0000227328 LFCWS 000000000 7
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FREDDERICKTOWN, VILLAGE OF
2 EAST SANDUSKY STREET
FREDDERICKTOWN, OH 43019

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FREDERICKTOWN VILLAGE
Contact NAME: FREDERICKTOWN, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321899
Amount Due: $2,112.00
Type Code: LFCWS
Transaction ID: 1321899 0000211200 LFCWS 000000000 1
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DUNN, DAVID
5481 BUENOS AIRES BOULEVARD
WESTERVILLE, OH 43081

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: AQUA OHIO ‐ WORTHINGTON HILLS PWS
Contact NAME: DUNN, DAVID

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321886
Amount Due: $1,943.04
Type Code: LFCWS
Transaction ID:

1321886 0000194304 LFCWS 000000000 7
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: BUCKEYE LAKE, VILLAGE OF PWS</td>
<td>Pay this amount:</td>
</tr>
<tr>
<td>PWS ID: OH4564712</td>
<td>$1,860.48</td>
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<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 969</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BUCKEYE LAKE, VILLAGE OF PWS
Contact NAME: BUCKEYE LAKE, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Treasurer, State of Ohio
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321876
Amount Due: $1,860.48
Type Code: LFCWS
Transaction ID: 1321876 0000186048 LFCWS 000000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

RICHWOOD, VILLAGE OF
WATER DEPARTMENT
153 N FRANKLIN ST
RICHWOOD, OH 43344

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: RICHWOOD VILLAGE PWS</td>
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</tr>
<tr>
<td>PWS ID: OH8000412</td>
<td></td>
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<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 932</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $1,789.44

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: RICHWOOD VILLAGE PWS
Contact NAME: RICHWOOD, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321872
Amount Due: $1,789.44
Type Code: LFCWS
Transaction ID:

1321872 0000178944 LFCWS 000000000
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1321863

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHOCTAW UTILITIES, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4900212</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>880</td>
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<td>Surface Water Source:</td>
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**Fees for Year 2020**

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<th>TOTAL</th>
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<tbody>
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<td>Pay this amount: $1,689.60</td>
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</table>

**Follow These Important Steps in Completing This Application**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: CHOCTAW UTILITIES, INC.  
Contact NAME: CHOCTAW UTILITIES, INC.

**Signature of Owner**  
**Date**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

UTICA, VILLAGE OF
PO BOX 524
UTICA, OH 43080

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>UTICA VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4503012</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>876</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

| Pay this amount: | $1,681.92 |
| Total: | |

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: UTICA VILLAGE PWS
Contact NAME: UTICA, VILLAGE OF

SIGNATURE OF OWNER ____________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321861
Amount Due: $1,681.92
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**HEBRON, VILLAGE OF**  
**FISCAL OFFICER**  
**934 W MAIN ST**  
**HEBRON, OH 43025**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HEBRON VILLAGE PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4501012</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>866</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$1,662.72**

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

---

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** HEBRON VILLAGE PWS  
**PWS ID:** OH4501012  
**Contact NAME:** HEBRON, VILLAGE OF

**SIGNATURE OF OWNER**  
**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321860</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$1,662.72</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MOUNT STERLING, VILLAGE OF
1 S LONDON ST
MOUNT STERLING, OH 43143

WATER SYSTEM INFORMATION

Name: MOUNT STERLING VILLAGE PWS
PWS ID: OH4900812
System Type: COMMUNITY
Number of Service Connections: 865
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $1,660.80

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MOUNT STERLING VILLAGE PWS
Contact NAME: MOUNT STERLING, VILLAGE OF

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321859
Amount Due: $1,660.80
Type Code: LFCWS
Transaction ID:
## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: CARDINGTON VILLAGE PWS</th>
<th>PWS ID: OH5900112</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 830</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

## FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $1,593.60</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

## IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: CARDINGTON VILLAGE PWS  
PWS ID: OH5900112

Contact NAME: CARDINGTON, VILLAGE OF

---

**SIGNATURE OF OWNER __________________________ DATE ____________**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
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<td>Revenue ID:</td>
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</tr>
<tr>
<td>Amount Due:</td>
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<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
<td>1321851 0000159360</td>
</tr>
</tbody>
</table>
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**LITHOPOLIS, VILLAGE OF**
**FISCAL OFFICER**
**PO BOX 278**
**LITHOPOLIS, OH 43136**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LITHOPOLIS VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2301112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>778</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**Fees for Year 2020**

| Pay this amount: | $1,493.76 |

**CONFIRM THE WATER SYSTEM INFORMATION**

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- If this information is incorrect contact Central District office - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**Pay Fees...**

- Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

**Return Application Promptly...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** LITHOPOLIS VILLAGE PWS  
**PWS ID:** OH2301112  
**Contact NAME:** LITHOPOLIS, VILLAGE OF

**Signature of Owner**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321839 |
| Amount Due: | $1,493.76 |
| Type Code: | LFCWS |
| Transaction ID: | 1321839 |
FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TRAVEL CENTERS OF AMERICA 39
Contact NAME: TRAVEL CENTERS OF AMERICA 39

SIGNATURE OF OWNER __________________________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Transaction ID: | Amount Due: $1,268.00 | Revenue ID: 1321803 | Due Date: 12/31/2019 | Type Code: LFCWS |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TRAVEL CENTERS OF AMERICA #24
24601 CENTER RIDGE RD
WESTLAKE, OH 44145-5634

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: TRAVEL CENTERS OF AMERICA
PWS ID: OH4937712
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 2490
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $1,268.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: TRAVEL CENTERS OF AMERICA
Contact NAME: TRAVEL CENTERS OF AMERICA #24

SIGNATURE OF OWNER ___________________________ DATE ________________

Due Date: 12/31/2019
Revenue ID: 1321802
Amount Due: $1,268.00
Type Code: LFCWS
Transaction ID:

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**CONFIRM THE WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SOUTH BLOOMFIELD VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6502112</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>605</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: **$1,161.60**

**SIGN**

Application MUST be signed and dated in the designated area below.

**PAY FEES**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** SOUTH BLOOMFIELD VILLAGE PWS  
**PWS ID:** OH6502112  
**Contact NAME:** SOUTH BLOOMFIELD, VILLAGE OF

**SIGNATURE OF OWNER** ___________________________  **DATE** ___________________________

Pay to: **Treasurer, State of Ohio**. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321771 |
| Amount Due: | $1,161.60 |
| Type Code: | LFCWS |
| Transaction ID: | 1321771 0000116160 LFCWS 000000000 6 |

1321771 0000116160 LFCWS 000000000 6
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BREMEN, VILLAGE OF
ATTN: CRYSTAL PRITCHARD
9090 MARIETTA ST, PO BOX 127
BREMEN, OH 43107

WATER SYSTEM INFORMATION

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<thead>
<tr>
<th>Name:</th>
<th>BREMEN VILLAGE</th>
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<tr>
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<td>Number of Service Connections:</td>
<td>600</td>
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<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $1,152.00</td>
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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BREMEN VILLAGE
Contact NAME: BREMEN, VILLAGE OF

SIGNATURE OF OWNER ________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321768
Amount Due: $1,152.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CANDLEWOOD LAKE ASSOCIATION INC
7326 ST RT 19 UNIT 1507
MOUNT GILEAD, OH 43338-9592

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: CANDLEWOOD LAKE ASSOCIATION INC
Contact NAME: CANDLEWOOD LAKE ASSOCIATION INC

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321751
Amount Due: $1,054.08
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ASHLEY, VILLAGE OF
SHARI FRIDLEY
3 N HARRISON ST
ASHLEY, OH 43003

WATER SYSTEM INFORMATION

Name: ASHLEY VILLAGE PWS
PWS ID: OH2100011
System Type: COMMUNITY
Number of Service Connections: 545
Surface Water Source: Yes

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $1,046.40

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ASHLEY VILLAGE PWS
Contact NAME: ASHLEY, VILLAGE OF

SIGNATURE OF OWNER _________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321749
Amount Due: $1,046.40
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FAIRFIELD COUNTY UTILITIES
6670 LOCKVILLE RD
CARROLL, OH 43112

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LITTLE WALNUT WATER TREATMENT FACILITY
Contact NAME: FAIRFIELD COUNTY UTILITIES

SIGNATURE OF OWNER ____________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321748
Amount Due: $1,031.04
Type Code: LFCWS
Transaction ID: 1321748 0000103104 LFCWS 000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

JEFFERSONVILLE, VILLAGE OF
VILLAGE ADMINISTRATOR
4 N MAIN STREET, PO BOX 7
JEFFERSONVILLE, OH 43128

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: JEFFERSONVILLE VILLAGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2400612</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 507</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $973.44

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION:
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: JEFFERSONVILLE VILLAGE PWS
Contact NAME: JEFFERSONVILLE, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321731
Amount Due: $973.44
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DANVILLE VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4200112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>478</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $917.76</td>
</tr>
</tbody>
</table>

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** DANVILLE VILLAGE PWS
**Contact NAME:** DANVILLE, VILLAGE OF

**SIGNATURE OF OWNER** ___________________________ **DATE** ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321711 |
| Amount Due: | $917.76 |
| Type Code: | LFCWS |
| Transaction ID: | 1321711 000091776 LFCWS 000000000 1 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OBETZ SATELLITE 2 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2554603</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>402</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
</tbody>
</table>

**Pay this amount:** $771.84

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**DDAGW PW: Public Water System License to Operate (LFCWS)**

PWS NAME: OBETZ SATELLITE 2 PWS
Contact NAME: OBETZ, VILLAGE OF

SIGNATURE OF OWNER: ___________________________  DATE: __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321675 |
| Amount Due: | $771.84 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

LICKING COUNTY WATER AND WASTEWATER
4455-C WALNUT RD
PO BOX 845
BUCKEYE LAKE, OH 43008

WATER SYSTEM INFORMATION
Name: LICKING COUNTY HARBOR HILLS PWS
PWS ID: OH4500812
System Type: COMMUNITY
Number of Service Connections: 390
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $748.80

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LICKING COUNTY HARBOR HILLS PWS
Contact NAME: LICKING COUNTY WATER AND WASTEWATER

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321669
Amount Due: $748.80
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**ENCHANTED ACRES MHP**
**GREENLAWN MOBILE HOME SERVICE**
**555 GREENLAWN AVE**
**COLUMBUS, OH 43223**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ENCHANTED ACRES MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2500712</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>390</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$748.80**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** ENCHANTED ACRES MHP  
**PWS ID:** OH2500712  
**Contact NAME:** ENCHANTED ACRES MHP

**SIGNATURE OF OWNER** ___________________________  **DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321668 |
| Amount Due: | $748.80 |
| Type Code: | LFCWS |
| Transaction ID: |  |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MILFORD CENTER VILLAGE PWS
Contact NAME: MILFORD CENTER, VILLAGE OF

SIGNATURE OF OWNER

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio.

Due Date: 12/31/2019
Revenue ID: 1321667
Amount Due: $746.88
Type Code: LFCWS
Transaction ID: 1321667 0000074688 LFCWS 000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GAMBIER VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4200403</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>368</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: $706.56</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**SIGNATURE OF OWNER** ________________________ **DATE** ____________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

---

**Ohio EPA**

**PO BOX 77005**

**Cleveland, OH 44194-7005**

---

**Due Date:** 12/31/2019

**Revenue ID:** 1321653

**Amount Due:** $706.56

**Type Code:** LFCWS

**Transaction ID:**
A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.

If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.

This is the only invoice your water system will receive.

**WILLIAMSPORT, VILLAGE OF**
**VILLAGE OF WILLIAMSPORT**
**PO BOX 1**
**WILLIAMSPORT, OH 43164**

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WILLIAMSPORT VILLAGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6503012</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
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<tr>
<td>Number of Service Connections: 368</td>
<td></td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $706.56

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.
If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
**PWS NAME:** WILLIAMSPORT VILLAGE PWS
**PWS ID:** OH6503012
**Contact NAME:** WILLIAMSPORT, VILLAGE OF

**SIGNATURE OF OWNER** _______________ **DATE** _______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321654 |
| Amount Due: | $706.56 |
| Type Code: | LFCWS |
| Transaction ID: | 1321654 0000070656 LFCWS 0000000000 9 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>PLEASANTVILLE VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2301712</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>352</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
</table>

Attended is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $675.84

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** PLEASANTVILLE VILLAGE PWS

**Contact NAME:** PLEASANTVILLE, VILLAGE OF

**SIGNATURE OF OWNER** ____________________________ **DATE**

---

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenune ID: | 1321645 |
| Amount Due: | $675.84 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name: TIMBERLAKE WATER SYSTEM</td>
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<tr>
<td>PWS ID: OH2501812</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 350</td>
<td></td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TIMBERLAKE WATER SYSTEM
Contact NAME: FRANKLIN COUNTY SANITARY ENGINEER

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321642
Amount Due: $672.00
Type Code: LFCWS
Transaction ID:

1321642 0000067200 LFCWS 000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

NEW HOLLAND, VILLAGE OF
PO BOX 306
10 E. FRONT STREET
NEW HOLLAND, OH 43145

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name:</td>
<td>NEW HOLLAND VILLAGE PWS</td>
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<td>PWS ID:</td>
<td>OH6501612</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>343</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $658.56

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: NEW HOLLAND VILLAGE PWS
Contact NAME: NEW HOLLAND, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE _____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date:        | 12/31/2019 |
| Revenue ID:      | 1321636    |
| Amount Due:      | $658.56    |
| Type Code:       | LFCWS      |
| Transaction ID:  |            |
**WATER SYSTEM INFORMATION**

<table>
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<tr>
<th>Name:</th>
<th>GREEN MEADOWS MOBILE HOME PARK</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4901812</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>341</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

**TOTAL**

| Pay this amount: | $654.72 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW - Public Water System License to Operate (LFCWS)

**PWS NAME:** GREEN MEADOWS MOBILE HOME PARK

**Contact NAME:** MOORE ENTERPRISES

**SIGNATURE OF OWNER**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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</thead>
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<tr>
<td>Revenue ID:</td>
<td>1321633</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$654.72</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1321633 0000065472 LFCWS 0000000000 4</td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BLOOMINGBURG, VILLAGE OF
62 MAIN ST
PO BOX 186
BLOOMINGBURG, OH 43106

WATER SYSTEM INFORMATION

Name: VILLAGE OF BLOOMINGBURG
PWS ID: OH2400012
System Type: COMMUNITY
Number of Service Connections: 339
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount:

$650.88

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   IMPORTANT
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to:
     TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to
     http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: VILLAGE OF BLOOMINGBURG
Contact NAME: BLOOMINGBURG, VILLAGE OF

SIGNATURE OF OWNER ______________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321631
Amount Due: $650.88
Type Code: LFCWS
Transaction ID: 1321631 0000065088 LFCWS 000000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MOUNT CARMEL GROVE CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2570730</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>1000</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |

attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount:

$628.00

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

### DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: MOUNT CARMEL GROVE CITY

Contact NAME: MOUNT CARMEL GROVE CITY

SIGNATURE OF OWNER _______________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321621 |
| Amount Due: | $628.00 |
| Type Code: | LFCWS |

Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** MCDONALDS RESTAURANT  
**PWS ID:** OH4938912

**Contact NAME:** HOLOWICKI, SCOTT

**SIGNATURE OF OWNER** __________________________  **DATE** __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Fee Name</th>
<th>PWS ID</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<td>LFCWS</td>
</tr>
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</table>

**Due Date:** 12/31/2019  
**Revenue ID:** 1321618  
**Type Code:** LFCWS
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CANAL POINTE INDUSTRIAL PARK PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2346603</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>850</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $628.00</td>
</tr>
</tbody>
</table>

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: CANAL POINTE INDUSTRIAL PARK PWS

Contact NAME: CANAL POINTE INDUSTRIAL PARK

SIGNATURE OF OWNER __________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
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<td>Amount Due:</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
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<td>Transaction ID:</td>
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</table>

1321613 0000062800 LFCWS 000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

## PUBLIC WATER SYSTEM LICENSE NOTICE

**2020**

<table>
<thead>
<tr>
<th>Name:</th>
<th>THURSTON VILLAGE PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2302903</td>
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<td>System Type:</td>
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### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
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</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$583.68</td>
</tr>
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</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column. Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

2. **SIGN...**
   - **IMPORTANT** Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** THURSTON VILLAGE PWS

**Contact NAME:** THURSTON, VILLAGE OF

**SIGNATURE OF OWNER** ____________________________  **DATE** ____________________________

Pay to: **Treasurer, State of Ohio**. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<td>Transaction ID:</td>
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</table>
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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT Office - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WESTERVILLE ESTATES MHP  PWS ID: OH2101203
Contact NAME: WESTERVILLE ESTATES MHP

SIGNATURE OF OWNER ________________  DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2019
Revenue ID: 1321588
Amount Due: $570.24
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

AMANDA, VILLAGE OF
PO BOX 250
AMANDA, OH 43102

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

WATER SYSTEM INFORMATION

Name: AMANDA VILLAGE PWS
PWS ID: OH2300012
System Type: COMMUNITY
Number of Service Connections: 292
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $560.64

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: AMANDA VILLAGE PWS
Contact NAME: AMANDA, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321581
Amount Due: $560.64
Type Code: LFCWS
Transaction ID: 1321581 0000056064 LFCWS 000000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

DUNN, DAVID
5481 BUENOS AIRES BOULEVARD
WESTERVILLE, OH 43081

---

**WATER SYSTEM INFORMATION**

| Name: AQUA OHIO - TIMBERBROOK PW |
| PWS ID: OH2502712 |
| System Type: COMMUNITY |
| Number of Service Connections: 279 |
| Surface Water Source: No |

**FEES FOR YEAR 2020 TOTAL**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $535.68

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** AQUA OHIO - TIMBERBROOK PW

**PWS ID:** OH2502712

**Contact NAME:** DUNN, DAVID

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321570
Amount Due: $535.68
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

VILLAGE OF CARROLL -
P.O. BOX 367
68 CENTER STREET
CARROLL, OH 43112

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CARROLL VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2300312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>252</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td>$483.84</td>
</tr>
</tbody>
</table>

---

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CARROLL VILLAGE PWS
Contact NAME: VILLAGE OF CARROLL -

SIGNATURE OF OWNER  ___________________________  DATE  ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321549 |
| Amount Due: | $483.84 |
| Type Code: | LFCWS |
| Transaction ID: | 1321549 0000048384 LFCWS 000000000 6 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

OAK HILLS MOBILE HOME PARK
1080 PITTSFORD VICTOR RD
STE 202
PITTSFORD, NY 14534

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>OAK HILLS MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2502112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>250</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
</tr>
</tbody>
</table>

Pay this amount: $480.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OAK HILLS MOBILE HOME PARK
Contact NAME: OAK HILLS MOBILE HOME PARK

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321545
Amount Due: $480.00
Type Code: LFCWS
Transaction ID: 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

UMH OH WORTHINGTON ARMS, LLC
C/O UMH PROPERTIES, INC.
150 CLAY ST, SUITE 450
MORGANTOWN, WV 26501

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WORTHINGTON ARMS MHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2101303</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>224</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: WORTHINGTON ARMS MHC

Contact NAME: UMH OH WORTHINGTON ARMS, LLC

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321519
Amount Due: $430.08
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

JACKSON, TRACIE
14200 INDUSTRIAL PKWY
MARYSVILLE, OH 43040

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>HILLCREST MHP PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8040313</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>222</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td>Pay this amount: $426.24</td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HILLCREST MHP PWS
Contact NAME: JACKSON, TRACIE

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321516
Amount Due: $426.24
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: SUBURBANS COMMUNITY MHP
PWS ID: OH4901612
System Type: COMMUNITY
Number of Service Connections: 219
Surface Water Source: No

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: SUBURBANS COMMUNITY MHP
Contact NAME: SUBURBANS COMMUNITY MHP

SIGNATURE OF OWNER ________________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321511
Amount Due: $420.48
Type Code: LFCWS
Transaction ID: 1321511 0000042048 LFCWS 00000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

 pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Name: MCCROSKY, STEVE |
| Address: 17602 17TH ST STE 102#289 TUSTIN, CA 92780 |

**WATER SYSTEM INFORMATION**

| Name: ASHVILLE COUNTRY ESTATES PWS |
| PWS ID: OH6501112 |
| System Type: COMMUNITY |
| Number of Service Connections: 217 |
| Surface Water Source: No |

**FEES FOR YEAR 2020**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: $416.64 |

| TOTAL |
| Pay this amount: $416.64 |

**SIGNATURE OF OWNER**

SIGNATURE OF OWNER ____________________________ DATE ____________

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: ASHVILLE COUNTRY ESTATES PWS

PWS ID: OH6501112

Contact NAME: MCCROSKY, STEVE

Due Date: 12/31/2019

Revenue ID: 1321507

Amount Due: $416.64

Type Code: LFCWS

Transaction ID: 1321507 0000041664 LFCWS 000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

Name: RUSHVILLE VILLAGE PWS  
PWS ID: OH2303103  
System Type: COMMUNITY  
Number of Service Connections: 208  
Surface Water Source: No

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$399.36**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: RUSHVILLE VILLAGE PWS  
PWS ID: OH2303103  
Contact NAME: RUSHVILLE, VILLAGE OF

**SIGNATURE OF OWNER** ___________________________  **DATE** ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Treasurer, State of Ohio  
Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1321499  
Amount Due: $399.36  
Type Code: LFCWS  
Transaction ID:  

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUGAR GROVE VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2302112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>194</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $372.48</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** SUGAR GROVE VILLAGE PWS

**PWS ID:** OH2302112

**Contact NAME:** VAN METER, JEREMY

**SIGNATURE OF OWNER**  

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  

PO BOX 77005  

Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019  

**Revenue ID:** 1321459  

**Amount Due:** $372.48  

**Type Code:** LFCWS

---

1321459 0000037248 LFCWS 000000000 4
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

QCA MANAGEMENT CO INC
11111 SANTA MONICA BLVD #1650
LOS ANGELES, CA 90025

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: LOCKBOURNE LODGE MHP</th>
<th>PWS ID: OH6501512</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 189</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $362.88</td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LOCKBOURNE LODGE MHP
Contact NAME: QCA MANAGEMENT CO INC

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321454
Amount Due: $362.88
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ALEXANDRIA, VILLAGE OF
4 W MAIN ST
PO BOX 96
ALEXANDRIA, OH 43001

WATER SYSTEM INFORMATION

Name: ALEXANDRIA VILLAGE PWS
PWS ID: OH4504203
System Type: COMMUNITY
Number of Service Connections: 176
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $337.92

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ALEXANDRIA VILLAGE PWS
Contact NAME: ALEXANDRIA, VILLAGE OF

SIGNATURE OF OWNER ___________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321443
Amount Due: $337.92
Type Code: LFCWS
Transaction ID: 1321443 0000033792 LFCWS 000000000 4
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   IMPORTANT
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

MOORE ENTERPRISES
4425 WEST AIRPORT FREeway #475
IRVING, TX 75062

WATER SYSTEM INFORMATION
Name: CANAAN COMMUNITY MHP
PWS ID: OH4900112
System Type: COMMUNITY
Number of Service Connections: 172
Surface Water Source: No

FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: $330.24 |

ATTACHED IS A HANDOUT THAT INDICATES HOW THIS INFORMATION WAS USED TO DETERMINE YOUR FEE AND EXAMPLES OF HOW THE FEE IS CALCULATED FOR EACH TYPE OF WATER SYSTEM.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CANAAN COMMUNITY MHP
Contact NAME: MOORE ENTERPRISES

SIGNATURE OF OWNER ___________________ DATE ___________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321435
Amount Due: $330.24
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ST LOUISVILLE, VILLAGE OF BOARD OF PUBLIC AFFAIRS
P.O. BOX 129
ST. LOUISVILLE, OH 43071

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ST LOUISVILLE VILLAGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4504012</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 163</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $312.96

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ST LOUISVILLE VILLAGE PWS
Contact NAME: ST LOUISVILLE, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321419
Amount Due: $312.96
Type Code: LFCWS
Transaction ID: 1321419 0000031296 LFCWS 0000000000
SOUTH SOLON, VILLAGE OF
7120 NORTH STREET PO BOX 360
SOUTH SOLON, OH 43153

**WATER SYSTEM INFORMATION**

| Name: SOUTH SOLON VILLAGE PWS | PWS ID: OH4901312 |
| System Type: COMMUNITY |
| Number of Service Connections: 156 |
| Surface Water Source: No |

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: |
| $299.52 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: SOUTH SOLON VILLAGE PWS  
Contact NAME: SOUTH SOLON, VILLAGE OF

SIGNATURE OF OWNER ____________________________  DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: 12/31/2019 |
| Revenue ID: 1321415 |
| Amount Due: $299.52 |
| Type Code: LFCWS |
| Transaction ID: |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

9905 SHEPHERD ROAD LLC
2101 E COAST HWY STE 110
CORONA DEL MAR, CA 92625

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DATE

SIGNATURE OF OWNER

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321413
Amount Due: $295.68
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

LICKING COUNTY WATER AND WASTEWATER
4455-C WALNUT RD
PO BOX 845
BUCKEYE LAKE, OH 43008

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LICKING COUNTY PRESCOTT ESTATES
Contact NAME: LICKING COUNTY WATER AND WASTEWATER

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

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Return the signed application along with the appropriate fee by the DUE DATE listed below.

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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321404
Amount Due: $288.00
Type Code: LFCWS
Transaction ID: 1321404 0000028800 LFCWS 00000000 9
MOHICAN WILDERNESS CAMP
22463 WALLY RD
GLENMONT, OH 44628

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MOHICAN WILDERNESS CAMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4235712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>4</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: | $278.00 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN... Application MUST be signed and dated in the designated area below.

PAY FEES... Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MOHICAN WILDERNESS CAMP PWS ID: OH4235712
Contact NAME: MOHICAN WILDERNESS CAMP

SIGNATURE OF OWNER ____________________________ DATE ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321391
Amount Due: $278.00
Type Code: LFCWS
Transaction ID:
**NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**

**A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.**

**IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.**

**THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.**

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>RUSTIC RIDGE MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2302812</td>
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<td>System Type:</td>
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<td>142</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

- Please pay the required fee by check, money order or credit card.
  - Make check or money order payable to: TREASURER STATE OF OHIO
  - For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** RUSTIC RIDGE MHP

**Contact NAME:** RUSTIC RIDGE MHP

**SIGNATURE OF OWNER** ____________________________  **DATE** ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321386</td>
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<tr>
<td>Amount Due:</td>
<td>$272.64</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WARD, TERESA
2310 SOUTH MAIMI BLVD
STE238
DURHAM, NC 27703

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PLEASANT ACRES MHP
Contact NAME: WARD, TERESA

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321379
Amount Due: $253.44
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**LAKEVIEW ESTATES MHC**  
7394 ST RTE 97  
LOT 119  
MANISFIELD, OH 44963

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKEVIEW ESTATES MHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5900512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>128</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$245.76</td>
</tr>
</tbody>
</table>

---

### CONFIRM THE WATER SYSTEM INFORMATION...
- Such as System Name, System Type, Mailing Address, and Fee Amount.
- IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

---

### SIGN...
- Application MUST be signed and dated in the designated area below.

---

### PAY FEES...
- Please pay the required fee by check, money order or credit card.
  - Make check or money order payable to: TREASURER STATE OF OHIO
  - For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

---

### RETURN APPLICATION PROMPTLY...
- Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: LAKEVIEW ESTATES MHC  
Contact NAME: LAKEVIEW ESTATES MHC

---

**SIGNATURE OF OWNER** ____________________________  **DATE** ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

### Invoice/Revenue ID: 1321371

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321371 |
| Amount Due: | $245.76 |
| Type Code: | LFCWS |
| Transaction ID: | ""
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MOORE ENTERPRISES
4425 WEST AIRPORT FREEWAY #475
IRVING, TX 75062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: JEFFERSON LODGE MOBILE HOME
Contact NAME: MOORE ENTERPRISES

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321368
Amount Due: $240.00
Type Code: LFCWS
Transaction ID:

WATER SYSTEM INFORMATION

| Name: JEFFERSON LODGE MOBILE HOME | PWS ID: OH4900612 |
| System Type : COMMUNITY | Number of Service Connections: 125 |
| Surface Water Source: No |

FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: $240.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

LOCKBOURNE, VILLAGE OF
VILLAGE ADMINISTRATOR
85 COMMERCE ST
LOCKBOURNE, OH 43137

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: LOCKBOURNE VILLAGE PWS</th>
<th>PWS ID: OH2503903</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 122</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
</tr>
</tbody>
</table>

Pay this amount: $234.24

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LOCKBOURNE VILLAGE PWS
Contact NAME: LOCKBOURNE, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1321365
Amount Due: $234.24
Type Code: LFCWS
Transaction ID:

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1321365 0000023424 LFCWS 0000000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

COXSON, AARON
AARON COXSON - MEADOWBROOK ESTATES LLC
51 W. CENTER ST. STE 600
OREM, UT 84057

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MEADOWBROOK ESTATES LLC PWS ID: OH6501812
Contact NAME: COXSON, AARON

SIGNATURE OF OWNER ________________________ DATE ________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321356
Amount Due: $222.72
Type Code: LFCWS
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to:
     TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to
     http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: FOXLAIR FARMS MHP INC.
PWS ID: OH6502512
Contact NAME: FOXLAIR FARMS MHP INC.

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321352
Amount Due: $220.80
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

- **NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**
- **A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.**
- **IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.**
- **THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HAYDEN HEIGHTS MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2501612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>115</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** HAYDEN HEIGHTS MHP  
**PWS ID:** OH2501612  
**Contact NAME:** UMH CENTRAL OH, LLC

**SIGNATURE OF OWNER** ___________________________  
**DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321354 |
| Amount Due: | $220.80 |
| Type Code: | LFCWS |
| Transaction ID: |  

---

**1321354 0000022080 LFCWS 0000000000 4**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MARTINSBURG, VILLAGE OF
PO BOX 128
MARTINSBURG, OH 43037

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   
   - Make check or money order payable to:
     TREASURER STATE OF OHIO
   
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: MARTINSBURG VILLAGE PWS

Contact NAME: MARTINSBURG, VILLAGE OF

SIGNATURE OF OWNER ______________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321345 |
| Amount Due: | $211.20 |
| Type Code: | LFCWS |
| Transaction ID: | 1321345 0000021120 LFCWS 000000000 1 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FRANKLIN COUNTY SANITARY ENGINEER
280 E BROAD ST 2ND FLR
COLUMBUS, OH 43215

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2570717</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 109</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $209.28

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: LEONARD PARK PWS
Contact NAME: FRANKLIN COUNTY SANITARY ENGINEER

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321341
Amount Due: $209.28
Type Code: LFCWS
Transaction ID:

1321341 0000020928 LFCWS 000000000 2
**PONDEROSA ESTATES MHP**  
PONDEROSA MOBILE HOME ESTATES  
3969 SMILEY RD  
HILLIARD, OH 43026

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>PONDEROSA ESTATES MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2503012</td>
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<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>108</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Total         | Pay this amount: $207.36 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**  
   Such as System Name, System Type, Mailing Address, and Fee Amount.  
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**  
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**  
   Please pay the required fee by check, money order or credit card.  
   - Make check or money order payable to: TREASURER STATE OF OHIO  
   - For Information on paying by Credit Card go to http://epa.ohio.gov/  

4. **RETURN APPLICATION PROMPTLY...**  
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: PONDEROSA ESTATES MHP  
Contact NAME: PONDEROSA ESTATES MHP

**SIGNATURE OF OWNER** ___________________________  
**DATE** ___________________________

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321338</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$207.36</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>VILLA VISTA MOBILE HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4504312</td>
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<tr>
<td>System Type :</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>105</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
</tbody>
</table>

- **Pay this amount:** $201.60

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Pay to: **Ohio EPA**

<table>
<thead>
<tr>
<th>Pay to:</th>
<th>Treasurer, State of Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321337</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$201.60</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
</tbody>
</table>

Due Date: 12/31/2019

---

**SIGNATURE OF OWNER**

**DATE**

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.
M & H MHP, LLC -
338 89TH STREET
APARTMENT 3R
BROOKLYN, NY 11209

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: M & H MHP, LLC
Contact NAME: M & H MHP, LLC -

PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

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This is a lockbox. Please do not send other correspondence to this address.
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC-water SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: OBETZ SATELLITE 4 PWS
Contact NAME: OBETZ, VILLAGE OF

SIGNATURE OF OWNER ____________________________ DATE ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321253
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321253 0000017600 LFCWS 0000000000 A
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GREENTREE MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4900512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>64</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $176.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
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**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW - Public Water System License to Operate (LFCWS)

PWS NAME: GREENTREE MOBILE HOME PARK

Contact NAME: KC PROPERTIES II

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tr>
<td>Revenue ID:</td>
<td>1321192</td>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
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NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MEYERHOEFER, ALLIE
15441 SCIOTO DARBY RD.
PO BOX 130
MOUNT STERLING, OH 43143

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OHIO WILLOW WOOD CO
Contact NAME: MEYERHOEFER, ALLIE

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321257
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321257 0000017600 LFCWS 000000000 4
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WILKINS MOBILE HOME PARK
200 SECOND ST NE
MARY ANN TOWNSHIP
NEWARK, OH 43055

WATER SYSTEM INFORMATION
Name: WILKINS MOBILE HOME PARK
PWS ID: OH4503312
System Type: COMMUNITY
Number of Service Connections: 50
Surface Water Source: No

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Name: WILKINS MOBILE HOME PARK</th>
<th>OH4503312</th>
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<tr>
<td>System Type: Community</td>
<td>50</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>50</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

TOTAL

Pay this amount: $176.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
APPLICATION MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
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RETURN APPLICATION PROMPTLY...
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WILKINS MOBILE HOME PARK PWS ID: OH4503312
Contact NAME: WILKINS MOBILE HOME PARK

SIGNATURE OF OWNER __________________________ DATE ________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1321316
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1321316 0000017600 LFCWS 0000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WAGON WHEEL MOBILE HOME PARK
BRIAN YOUNKIN
555 GREENLAWN AVE
COLUMBUS, OH 43123

WATER SYSTEM INFORMATION

Name: WAGON WHEEL MOBILE HOME
PWS ID: OH6502812
System Type : COMMUNITY
Number of Service Connections: 55
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WAGON WHEEL MOBILE HOME  PWS ID: OH6502812
Contact NAME: WAGON WHEEL MOBILE HOME PARK

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321307
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

1321307 0000017600 LFCWS 0000000000 4
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

**Name:** LANNINGS FOODS  
**PWS ID:** OH4243912  
**System Type:** NONCOMMUNITY NONTRANSIENT  
**Population Served:** 160  
**Surface Water Source:** No

---

**FEES FOR YEAR 2020**

**Pay this amount:** $176.00

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** LANNINGS FOODS  
**PWS ID:** OH4243912  
**Contact NAME:** LANNINGS FOODS

**SIGNATURE OF OWNER __________________________ DATE ____________**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

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<th>12/31/2019</th>
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<tr>
<td>Transaction ID:</td>
<td>1321219 0000017600 LFCWS 0000000000 1</td>
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SUTPHEN CORPORATION PWS ID: OH2545512
Contact NAME: SUTPHEN CORPORATION

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Pay this amount:</th>
<th>$176.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEES FOR YEAR 2020</td>
<td>TOTAL</td>
</tr>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td></td>
</tr>
</tbody>
</table>

| 1321290 | 0000017600 | LFCWS | 0000000000 |
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BY WAY MOBILE HOME PARK
Contact NAME: BYWAY MHP, LLC

SIGNATURE OF OWNER ________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1321139
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
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     - Make check or money order payable to: TREASURER STATE OF OHIO
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: DAWES ARBORETUM

Contact NAME: DAWES ARBORETUM

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321159
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: OBETZ SATELLITE 1 PWS
Contact NAME: OBETZ, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321251
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321251 0000017600 LFCWS 000000000 0
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Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: NEW DOVER ESTATES
Contact NAME: NEW DOVER PROPERTIES, LLC

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321246
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

| Name: EHRWSD DUVALL SERVICE AREA PWS |
| PWS ID: OH6542812 |
| System Type: NONCOMMUNITY NONTRANSIENT |
| Population Served: 220 |
| Surface Water Source: Yes |

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attach a handout that indicates how the fee was calculated for each type of water system.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $176.00</td>
</tr>
</tbody>
</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount. If this information is incorrect contact Central District Office - DDAGW at 614-728-3778.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by credit card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: EHRWSD DUVALL SERVICE AREA PWS

Contact NAME: EARNHART HILL WATER DISTRICT

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019

**Revenue ID:** 1321167

**Amount Due:** $176.00

**Type Code:** LFCWS

**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to [http://epa.ohio.gov](http://epa.ohio.gov)

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** BATTELLE-WEST JEFFERSON

**PWS ID:** OH4930212

**Contact NAME:** BATTELLE-WEST JEFFERSON LABS

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321130</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$176.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>

---

**BATTELLE-WEST JEFFERSON LABS**
505 KING AVE
ANDREW CAREW
COLUMBUS, OH 43201-2693

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BATTELLE-WEST JEFFERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH4930212</td>
</tr>
<tr>
<td>System Type : NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 175</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$176.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS Issued SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ST. JOHNS LUTHERAN SCHOOL UNION
12809 STATE ROUTE 736
MARYSVILLE, OH 43040

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ST. JOHNS LUTHERAN SCHOOL
Contact NAME: ST. JOHNS LUTHERAN SCHOOL UNION

SIGNATURE OF OWNER ______________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321287
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>VILLAGE OF ORIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6503703</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>63</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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</tr>
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</tbody>
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

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**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** VILLAGE OF ORIENT

**Contact NAME:** PICKAWAY COUNTY

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321306 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321306 0000017600 LFCWS 0000000000 5 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN... Application MUST be signed and dated in the designated area below.

3 PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WESTGATE MOBILE HOME COMMUNITY
Contact NAME: WESTGATE MOBILE HOME COMMUNITY

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321314
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN... Application MUST be signed and dated in the designated area below.

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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE VIRTUES GOLF CLUB CLUBHOUSE PWS
Contact NAME: FOUR VIRTUES INC.

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321295
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321295 0000017600 LFCWS 000000000
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**JACKSON LAKE PARK - SHELTER 4**
3715 CEDAR HILL ROAD
CANAL WINCHESTER, OH 43110

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JACKSON LAKE PARK - SHELTER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2333012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>3</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td>$176.00</td>
</tr>
</tbody>
</table>

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** JACKSON LAKE PARK - SHELTER 4  
**PWS ID:** OH2333012

**Contact NAME:** JACKSON LAKE PARK - SHELTER 4

**SIGNATURE OF OWNER**  ____________________________  **DATE**  ____________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
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<tr>
<td>Revenue ID:</td>
<td>1321207</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MOM & ME ACADEMY/TOGETHER MINISTRIES
2150 JOYE LN
LANCASTER, OH 43130

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MOM AND ME ACADEMY/GATEWAY CHURCH PWS</td>
</tr>
<tr>
<td>PWS ID: OH2350812</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 163</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Pay this amount: $176.00</td>
<td></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: MOM AND ME ACADEMY/GATEWAY CHURCH PWS
Contact NAME: MOM & ME ACADEMY/TOGETHER MINISTRIES

PAY DUE DATE LISTED BELOW.

Due Date: 12/31/2019
Revenue ID: 1321242
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 0000000002
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

LAZY RIVER AT GRANVILLE, INC.
2340 DRY CREEK ROAD NE
GRANVILLE, OH 43023

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LAZY RIVER AT GRANVILLE PWS PWS ID: OH4558212
Contact NAME: LAZY RIVER AT GRANVILLE, INC.

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321220
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321220 0000017600 LFCWS 0000000000
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BOYER, SOPHIA
210 E MAIN ST
ROOM 202
LANCASTER, OH 43130

WATER SYSTEM INFORMATION

Name: GREENFIELD TWP WATER DISTRICT
PWS ID: OH2301812
System Type: COMMUNITY
Number of Service Connections: 65
Surface Water Source: No

Fees for Year 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GREENFIELD TWP WATER DISTRICT
Contact NAME: BOYER, SOPHIA

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321191
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID: 1321252**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**OBEZT, VILLAGE OF**  
ATTN: MATT CRAMBLIT  
4175 ALUM CREEK DR  
OBEZT, OH 43207

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OBEZT SATELLITE 3 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2554703</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>200</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
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<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: **$176.00**

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.  
**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** OBEZT SATELLITE 3 PWS  
**PWS ID:** OH2554703  
**Contact NAME:** OBEZT, VILLAGE OF

---

**SIGNATURE OF OWNER**

---

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

<table>
<thead>
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<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
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<tr>
<td>Revenue ID:</td>
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</tr>
<tr>
<td>Amount Due:</td>
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<tr>
<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FREED, JASON
JONES ESTATES, LLC
2310 S MIAMI BLVD, STE 238
DURHAM, NC 27703

WATER SYSTEM INFORMATION

Name: CARVEL MANOR MHP
PWS ID: OH6500312
System Type: COMMUNITY
Number of Service Connections: 66
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CARVEL MANOR MHP
Contact NAME: FREED, JASON

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321145
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: COLONIAL TERRACE MHP
Contact NAME: COLONIAL TERRACE MHP

SIGNATURE OF OWNER ___________________________ DATE _____________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: COMMUNITY GARDENS MHP

Contact NAME: RYUMSHIN, PETER

SIGNATURE OF OWNER ___________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321154
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WILL BATES - DUBLIN MHP LLC
PO BOX 44058
INDIANAPOLIS, IN 46244

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: COUNTRY SIDE MOBILE HOME</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2500612</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 56</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

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Pay this amount: $176.00

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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: COUNTRY SIDE MOBILE HOME
Contact NAME: WILL BATES - DUBLIN MHP LLC

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321157
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321157 0000017600 LFCWS 0000000000 5
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: DARBYVILLE VILLAGE PWS
Contact NAME: DARBYVILLE, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321158
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321158 0000017600 LFCWS 000000000 4
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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GRANVILLE CHILD CARE CENTER
414 EAST COLLEGE STREET
GRANVILLE, OH 43023

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

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4. RETURN APPLICATION PROMPTLY...
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PAYMENT INSTRUCTIONS:

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GRANVILLE CHILD CARE CENTER PWS
PWS ID: OH4562312
Contact NAME: GRANVILLE CHILD CARE CENTER

SIGNATURE OF OWNER _______________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321188
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

1321188 0000017600 LFCWS 0000000000
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BUCHEYE BEACH MARINA MHP
BONITA BAIR
5089 BATESON DRIVE
THORNVILLE, OH 43076

WATER SYSTEM INFORMATION
Name: BUCHEYE BEACH MARINA MHP
PWS ID: OH2302212
System Type: COMMUNITY
Number of Service Connections: 95
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $176.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BUCHEYE BEACH MARINA MHP
Contact NAME: BUCHEYE BEACH MARINA MHP

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321137
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 0

1321137 0000017600 LFCWS 000000000 0
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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: GREAT BEGINNINGS ACADEMY
PWS ID: OH2563912
Contact NAME: GREAT BEGINNINGS ACADEMY

SIGNATURE OF OWNER ____________________________ DATE ____________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321189
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
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---

TRI-GREEN INTERSTATE EQ.
1499 US RTE 42 NE
LONDON, OH 43140

---

WATER SYSTEM INFORMATION

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<thead>
<tr>
<th>Name:</th>
<th>TRI-GREEN INTERSTATE EQ.</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
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<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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FEES FOR YEAR 2020

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: TRI-GREEN INTERSTATE EQ.
Contact NAME: TRI-GREEN INTERSTATE EQ.

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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</thead>
<tbody>
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<td>Amount Due:</td>
<td>$112.00</td>
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<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TOTAL QUALITY INC WENDY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4941012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** TOTAL QUALITY INC WENDY PWS  
**PWS ID:** OH4941012  
**Contact NAME:** TOTAL QUALITY, INC. - WENDYS

**SIGNATURE OF OWNER**  
**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

**Ohio EPA**  
PO BOX 77005  
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: TONYS CONEYS PWS
Contact NAME: TONYS CONEYS

SIGNATURE OF OWNER ____________________________ DATE ______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320857
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HARTLEY OIL COMPANY
319 WHEELEDING AVENUE
PO BOX 160
CAMBRIDGE, OH 43725

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES... Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THORNVILLE SHELL
Contact NAME: HARTLEY OIL COMPANY

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1320834
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

4. **RETURN APPLICATION PROMPTLY**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** THORNVILLE DUKE AND DUCHESS PWS

**PWS ID:** OH4536812

**Contact NAME:** ENGLEFIELD OIL CO - HEATH

**SIGNATURE OF OWNER** ___________________________ **DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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<table>
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<td><strong>Transaction ID:</strong></td>
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</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THORN APPLE COUNTRY CLUB
1051 ALTON DARBY CREEK RD
GALLOWAY, OH 43119

WATER SYSTEM INFORMATION

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<tr>
<th>Name:</th>
<th>THORN APPLE COUNTRY CLUB PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH2567512</td>
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<td>System Type :</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: THORN APPLE COUNTRY CLUB PWS

Contact NAME: THORN APPLE COUNTRY CLUB

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320832
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320832 0000011200 LFCWS 000000000 5
FOUR VIRTUES INC.
DBA THE VIRTUES GOLF CLUB
ONE LONG DRIVE
NASHPORT, OH 43830

WATER SYSTEM INFORMATION
Name: THE VIRTUES GOLF CLUB OSBORN 14TH
PWS ID: OH4560912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE VIRTUES GOLF CLUB OSBORN 14TH
PWS ID: OH4560912
Contact NAME: FOUR VIRTUES INC.

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320819
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: THE VIRTUES GOLF CLUB BEAR ROAD 6TH
Contact NAME: FOUR VIRTUES INC.

SIGNATURE OF OWNER ___________________________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

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<td>Transaction ID</td>
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</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THE RIDGE, GOLF & GARDENS, LLC
17487 ROBINSON ROAD
MARYSVILLE, OH 43040

WATER SYSTEM INFORMATION

Name: THE RIDGE, GOLF & GARDENS, LLC PWS
PWS ID: OH8039512
System Type : TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE RIDGE, GOLF & GARDENS, LLC PWS
Contact NAME: THE RIDGE, GOLF & GARDENS, LLC

SIGNATURE OF OWNER ______________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320809
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
<th>THE PIT STOP PWS</th>
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<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

<table>
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<th>TOTAL</th>
<th>Pay this amount:</th>
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<td>$112.00</td>
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</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019
**Revenue ID:** 1320806
**Amount Due:** $112.00
**Type Code:** LFCWS
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

- **Name:** THE MOHICANS PWS
- **PWS ID:** OH4244714
- **System Type:** TRANSIENT NONCOMMUNITY
- **Number of Wells:** 1
- **Surface Water Source:** No

---

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** THE MOHICANS PWS

**Contact NAME:** MOONEY, LAURA

**SIGNATURE OF OWNER**

---

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320797 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER
SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS
ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR
TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS
APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THE LINKS AT GROVEPORT
655 BLACKLICK STREET
GROVEPORT, OH 43125

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE LINKS AT GROVEPORT PWS
PWS ID: OH2549612
Contact NAME: THE LINKS AT GROVEPORT

SIGNATURE OF OWNER ___________________________ DATE _______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320795
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320795 0000011200 LFCWS 000000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
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<td>PWS ID:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** THE LINKS AT ECHO SPRING PWS

**PWS ID:** OH4559612

**Contact NAME:** BRUCE, LARRY

**SIGNATURE OF OWNER**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320794
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

- No person shall operate or maintain a public water system in the State of Ohio without a public water system license.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.
- This is the only invoice your water system will receive.

---

**THE GOLF CLUB**

PO BOX 369

NEW ALBANY, OH 43054

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**WATER SYSTEM INFORMATION**

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**FEES FOR YEAR 2020**

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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. Confirm the water system information...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

2. Sign...
   - Application MUST be signed and dated in the designated area below.

3. Pay fees...
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For information on paying by Credit Card go to http://epa.ohio.gov/

4. Return application promptly...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PWS: Public Water System License to Operate (LFCWS)

PWS NAME: THE GOLF CLUB PWS

Contact NAME: THE GOLF CLUB

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

Due Date: 12/31/2019

Revenue ID: 1320786

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1320786 0000011200 LFCWS 0000000000 1
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>THE GOLF CLUB GREENS DEPARTMENT PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2566012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** THE GOLF CLUB GREENS DEPARTMENT PWS

**Contact NAME:** THE GOLF CLUB

**SIGNATURE OF OWNER** ________________ **DATE** ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320785 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320785 0000011200 LFCWS 000000000 2 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>THE GARDEN INN PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2566812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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### FEES FOR YEAR 2020

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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

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### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** THE GARDEN INN PWS

**PWS ID:** OH2566812

**Contact NAME:** THE GARDEN INN

---

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019

**Revenue ID:** 1320784

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
## 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

**Invoice/Revenue ID:** 1320768

- No person shall operate or maintain a public water system in the State of Ohio without a public water system license.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the Director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA District Office.
- This is the only invoice your water system will receive.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>THE BEACH STOP MARKET</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2353320</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

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<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** THE BEACH STOP MARKET

**PWS ID:** OH2353320

**Contact NAME:** THE BEACH STOP MARKET

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1320768
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
Public Water System License Notice

2020 Public Water System License Notice

NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DUKE, JENNIFER
866 CHESTERVIEW CT
GALLOWAY, OH 43119

WATER SYSTEM INFORMATION
Name: TEN MILE INN
PWS ID: OH2536212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

Detach this stub and include with your payment. Retain the top portion for your records.

DDAGW PWS: Public Water System License to Operate (LFCWS)
PWS NAME: TEN MILE INN
Contact NAME: DUKE, JENNIFER

Signature of Owner__________________________________________ Date________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320764
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1320763

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TELESIS TECHNOLOGIES INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6539812</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>98</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$112.00</td>
</tr>
</tbody>
</table>

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**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

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Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320763
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1320739
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TABLE ROCK GOLF CLUB
3005 WILSON RD
CENTERBURG, OH 43011

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Table Rock Golf Club</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH4236412</td>
</tr>
<tr>
<td>System Type:</td>
<td>Transient Noncommunity</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TABLE ROCK GOLF CLUB
Contact NAME: TABLE ROCK GOLF CLUB

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320738
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320738 0000011200 LFCWS 000000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name</td>
<td>SYCAMORE CREEK GOLF COURSE LODGE PWS</td>
</tr>
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<td>PWS ID</td>
<td>OH5941222</td>
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<td>System Type</td>
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<tr>
<td>Surface Water Source</td>
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### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
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<tbody>
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Application MUST be signed and dated in the designated area below.

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
**PWS NAME:** SYCAMORE CREEK GOLF COURSE LODGE PWS
**Contact NAME:** SYCAMORE CREEK GOLF COURSE

**SIGNATURE OF OWNER** ___________________________ **DATE** ______________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Description</th>
<th>Value</th>
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<td>12/31/2019</td>
</tr>
<tr>
<td>Revenue ID:</td>
<td>1320732</td>
</tr>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
SUNSET INN RESTAURANT
1060 NATIONAL ROAD SE
HEBRON, OH 43025

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUNSET INN RESTAURANT</th>
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<tbody>
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<td>PWS ID:</td>
<td>OH4537112</td>
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<tr>
<td>System Type:</td>
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<tr>
<td>Number of Wells:</td>
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IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

Detach this stub and include with your payment. Retain the top portion for your records.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SUNSET INN RESTAURANT
Contact NAME: SUNSET INN RESTAURANT

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320723
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUNRISE COOPERATIVE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2349812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**SIGNATURE OF OWNER**

Date

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
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<td>Revenue ID:</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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   IMPORTANT
   Application MUST be signed and dated in the designated area below.

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4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: SUNOCO FOOD MART 7563 PWS

Contact NAME: SUNOCO FOOD MART 7563

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name: SUNOCO FOOD MART 7563 PWS</td>
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<tr>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
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</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $112.00

Due Date: 12/31/2019
Revenue ID: 1320721
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUBURBAN MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4502812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>44</td>
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<td>Surface Water Source:</td>
<td>No</td>
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</table>

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
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### FOLLOW THESE IMPORTANT STEPS IN Completing This Application

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
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2. **SIGN...**
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   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** SUBURBAN MOBILE HOME PARK  
**PWS ID:** OH4502812  
**Contact NAME:** SUBURBAN MOBILE HOME PARK

**SIGNATURE OF OWNER** ___________________________  
**DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
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<td>Revenue ID:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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<td>Transaction ID:</td>
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</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**ST ALBANS GOLF CLUB**

3833 NORTHRIDGE RD

ALEXANDRIA, OH 43001

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ST ALBANS GOLF CLUB PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4567614</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: | **$112.00** |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**

   Such as System Name, System Type, Mailing Address, and Fee Amount.

   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN**

   Application MUST be signed and dated in the designated area below.

3. **PAY FEES**

   Please pay the required fee by check, money order or credit card.

   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY**

   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

| PWS NAME: ST ALBANS GOLF CLUB PWS | PWS ID: OH4567614 |
| Contact NAME: ST ALBANS GOLF CLUB |

**SIGNATURE OF OWNER**

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320668 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320668 0000011200 LFCWS 000000000 4 |
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**1. CONFIRM THE WATER SYSTEM INFORMATION...**
- Name: SPRING VALLEY MHP
- PWS ID: OH4901412
- System Type: COMMUNITY
- Number of Service Connections: 46
- Surface Water Source: No

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**2. SIGN...**
Application MUST be signed and dated in the designated area below.

**3. PAY FEES...**
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**4. RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SPRING VALLEY MHP</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4901412</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>46</td>
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<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

<table>
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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** SPRING VALLEY MHP  
**PWS ID:** OH4901412

**Contact NAME:** SPRING VALLEY MHP

**SIGNATURE OF OWNER**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019  
**Revenue ID:** 1320661  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
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3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

SPLIT ROCK GOLF COURSE
10210 SCIOTO DARBY RD
ORIENT, OH 43146

WATER SYSTEM INFORMATION

Name: SPLIT ROCK GOLF COURSE
PWS ID: OH6540712
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount:
$112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SPLIT ROCK GOLF COURSE
Contact NAME: SPLIT ROCK GOLF COURSE

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320656
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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2 SIGN...
   Application MUST be signed and dated in the designated area below.

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   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

SOUTHEAST CONSERVATION CLUB INC
1060 BORROR RD
GROVE CITY, OH 43123

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SOUTHEAST CONSERVATION CLUB - CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2564712</td>
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| System Type: | transient noncomm

Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SOUTHEAST CONSERVATION CLUB - CAMPGROUND
Contact NAME: SOUTHEAST CONSERVATION CLUB INC

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320641
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320641 0000011200 LFCWS 0000000006
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SOUTHEAST CONSERVATION CLUB INC
1060 BORROR RD
GROVE CITY, OH 43123

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SOUTHEAST CONSERVATION CLUB - CLUBHOUSE</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2564612</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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- For Information on paying by Credit Card go to http://epa.ohio.gov/

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SOUTHEAST CONSERVATION CLUB - CLUBHOUSE
Contact NAME: SOUTHEAST CONSERVATION CLUB INC

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320640
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SMITHHISLER MEATS INC
8835 COLUMBUS RD
MOUNT VERNON, OH 43050

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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- Make check or money order payable to: TREASURER STATE OF OHIO
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RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SMITHHISLER MEATS INC PWS
Contact NAME: SMITHHISLER MEATS INC

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320624
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320624 0000011200 LFCWS 0000000000
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

SELECT Sires INC  
11740 US ROUTE 42 N, BOX 143  
ATTN: WILLIAM DELONG  
PLAIN CITY, OH 43064

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: SELECT Sires INC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8036612</td>
<td></td>
</tr>
<tr>
<td>System Type: Noncommunity Nontransient</td>
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<tr>
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<td>Surface Water Source: No</td>
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<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...  
Application MUST be signed and dated in the designated area below.

PAY FEES...  
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov

RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: SELECT Sires INC  
Contact NAME: SELECT Sires INC  

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1320579  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:

1320579 0000011200 LFCWS 00000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SCIOTO TRAIL VFW 2505
PO BOX 15
LOCKBOURNE, OH 43137

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

PAY to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SCIOTO TRAIL VFW 2505
Contact NAME: SCIOTO TRAIL VFW 2505

SIGNATURE OF OWNER ___________________________ DATE ________________

Due Date: 12/31/2019
Revenue ID: 1320563
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320563 0000011200 LFCWS 000000000 0
No person shall operate or maintain a public water system in the state of Ohio without a public water system license.

A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.

If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.

This is the only invoice your water system will receive.

### Public Water System License Notice 2020

**SCHMIDTYS SUNOCO**  
17255 NASHPORT ROAD  
NASHPORT, OH 43830

---

**WATER SYSTEM INFORMATION**

| Name: | SCHMIDTYS SUNOCO PWS |
| PWS ID: | OH4564612 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

---

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td><strong>Pay this amount:</strong> $112.00</td>
</tr>
</tbody>
</table>

---

**CONFIRM THE WATER SYSTEM INFORMATION**

Such as System Name, System Type, Mailing Address, and Fee Amount.  
If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS Name: SCHMIDTYS SUNOCO PWS  
PWS ID: OH4564612

Contact Name: SCHMIDTYS SUNOCO

**SIGNATURE OF OWNER** __________________________ **DATE** ______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019  
Revenue ID: 1320558  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:  

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: SANTMYER OIL CO DBA ROWE OIL PWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4242612</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: **$112.00**

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: SANTMYER OIL CO DBA ROWE OIL PWS

PWS ID: OH4242612

Contact NAME: SANTMYER OIL CO

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320546
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320526

NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: RUSTIC KNOLLS CAMPGROUND
Contact NAME: RUSTIC KNOLLS CAMPGROUNDS

SIGNATURE OF OWNER _______________________________ DATE ________________

Pay to:  Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320526
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ROSEDALE BIBLE COLLEGE
2270 ROSEDALE ROAD
IRWIN, OH 43029

WATER SYSTEM INFORMATION
Name: ROSEDALE BIBLE INSTITUTE
PWS ID: OH4902112
System Type: COMMUNITY
Number of Service Connections: 7
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ROSEDALE BIBLE INSTITUTE
Contact NAME: ROSEDALE BIBLE COLLEGE

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320514
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
ROLLING MEADOWS GOLF CLUB
ROBERT BARNEY
11233 INDUSTRIAL PARKWAY
MARYSVILLE, OH 43040

WATER SYSTEM INFORMATION
Name: ROLLING MEADOWS GOLF
PWS ID: OH8037812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ROLLING MEADOWS GOLF
Contact NAME: ROLLING MEADOWS GOLF CLUB

SIGNATURE OF OWNER _____________________________________________________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320510
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

COLUMBUS AND FRANKLIN COUNTY METRO PA
1069 W MAIN ST
WESTERVILLE, OH 43081

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ROCKY FORK METRO PARK - MAIN RESTROOM
Contact NAME: COLUMBUS AND FRANKLIN COUNTY METRO PA

SIGNATURE OF OWNER

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1320503
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PWS- Public Water System License to Operate (LFCWS)
PWS NAME: ROCKSIDE WINERY AND VINEYARDS PWS
PWS ID: OH2353318
Contact NAME: COOLIDGE, ROBIN

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320501
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
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4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: RIPPLING STREAM CAMPGROUND
Contact NAME: RIPPLING STREAM CAMPGROUND

SIGNATURE OF OWNER ______________________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320473
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320473 0000011200 LFCWS 000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THE BRICK, LLC
1700 CUMBERLAND ROAD
LONDON, OH 43140

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: RED BRICK TAVERN
Contact NAME: THE BRICK, LLC

SIGNATURE OF OWNER ____________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320455
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CON Firm the water system information...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   lf this information is incorrect contact central district office - ddagw at 614-728-3778

2 Sign...
   Application MUST be signed and dated in the designated area below.

3 Pay fees...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For information on paying by credit card go to http://epa.ohio.gov/

4 Return application promptly...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: RANCH OF OPPORTUNITY PWS      PWS ID: OH2400912
Contact NAME: RANCH OF OPPORTUNITY

SIGNATURE OF OWNER ____________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320443
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320443 0000011200 LFCWS 000000000 6
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

RACCOON INTERNATIONAL GC
3275 GENERAL GRIFFIN RD
PO BOX 547
GRANVILLE, OH 43023

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: RACCOON INTERNATIONAL GC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4557812</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
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**FEES FOR YEAR 2020**

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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: RACCOON INTERNATIONAL GC PWS ID: OH4557812
Contact NAME: RACCOON INTERNATIONAL GC

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320436
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**PROCTER CONFERENCE CENTER**  
11235 ST RTE 38 SE  
LONDON, OH 43140

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PROCTER CONFERENCE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4936212</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)  
**PWS NAME:** PROCTER CONFERENCE CENTER  
**PWS ID:** OH4936212

**Contact NAME:** PROCTER CONFERENCE CENTER

**SIGNATURE OF OWNER** ________________  **DATE** ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320416 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TROYERS OF APPLE VALLEY
20354 COSHOCTON ROAD
MOUNT VERNON, OH 43050

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
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3. PAY FEES...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: TROYERS OF APPLE VALLEY PWS
Contact NAME: TROYERS OF APPLE VALLEY

SIGNATURE OF OWNER __________________________ DATE _________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Name: TROYERS OF APPLE VALLEY PWS</th>
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<tbody>
<tr>
<td>PWS ID: OH4244512</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: TROYERS OF APPLE VALLEY PWS</td>
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<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
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</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
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<td>Pay this amount: $112.00</td>
</tr>
</tbody>
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| DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS. |

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<th>Due Date: 12/31/2019</th>
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<td>Revenue ID: 1320887</td>
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<tr>
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<tr>
<td>Type Code: LFCWS</td>
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<td>Transaction ID:</td>
</tr>
</tbody>
</table>

1320887 0000011200 LFCWS 000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

PAY THIS AMOUNT: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**CONFIRM THE WATER SYSTEM INFORMATION...**

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** PLEASANT VALLEY GOLF CLUB

**PWS ID:** OH2334512

**Contact NAME:** PLEASANT VALLEY GOLF CLUB

**SIGNATURE OF OWNER** ___________________________ **DATE** __________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

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**Due Date:** 12/31/2019

**Revenue ID:** 1320386

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TWIN PINES MHP, LLC
MS NENA KERBER
9859 SHEPHERD ROAD, LOT 27
LOCKBOURNE, OH 43137

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: TWIN PINES MHP PWS ID: OH6501312
Contact NAME: TWIN PINES MHP, LLC

SIGNATURE OF OWNER ________________________________ DATE ________________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320911
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ANGLERS PARADISE LAKE CLUB
PO BOX 115
LANCASTER, OH 43130

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ANGLERS PARADISE LAKE CLUB
Contact NAME: ANGLERS PARADISE LAKE CLUB

Payment to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio
Due Date: 12/31/2019
Revenue ID: 1318749
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

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4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BOWERSTON SHALE COMPANY

Contact NAME: BOWERSTON SHALE CO.

SIGNATURE OF OWNER ___________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318891
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>J.D. EQUIPMENT, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4943812</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>48</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** J.D. EQUIPMENT, INC.  **PWS ID:** OH4943812

**Contact NAME:** JD EQUIPMENT INC - LONDON

**SIGNATURE OF OWNER**  **DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

<table>
<thead>
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<th>12/31/2019</th>
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<td>Revenue ID:</td>
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<tr>
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</tr>
<tr>
<td>Transaction ID:</td>
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</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DEERCREEK DAM PARK
OR-TM
502 EIGHTH STREET
HUNTINGTON, WV 25701-2070

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: USACE-DEERCREEK DAM PARK
PWS ID: OH6537312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount:
$112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: USACE-DEERCREEK DAM PARK
Contact NAME: DEERCREEK DAM PARK

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320930
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**GENEVA HILLS RESIDENCE**
1380 BLUE VALLEY RD
LANCASTER, OH 43130-9021

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GENEVA HILLS RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2332212</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

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Pay this amount: $112.00

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1. **CONFIRM THE WATER SYSTEM INFORMATION...**

   Such as System Name, System Type, Mailing Address, and Fee Amount.

   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**

   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**

   Please pay the required fee by check, money order or credit card.

   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**

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---

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

**Ohio EPA**

PO BOX 77005
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019

**Revenue ID:** 1319513

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

GENEVA HILLS-FRONTIER LODGE
1380 BLUE VALLEY RD
LANCASTER, OH 43130-9021

WATER SYSTEM INFORMATION
Name: GENEVA HILLS-FRONTIER LODGE
PWS ID: OH2332112
System Type : TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GENEVA HILLS-FRONTIER LODGE
PWS ID: OH2332112
Contact NAME: GENEVA HILLS-FRONTIER LODGE

SIGNATURE OF OWNER ___________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319514
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1320949

**VELVET ICE CREAM COMPANY**

P.O. BOX 588

11324 MT. VERNON ROAD

UTICA, OH 43080

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>VELVET ICE CREAM COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4537412</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>142</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
</tbody>
</table>

Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** VELVET ICE CREAM COMPANY

**Contact NAME:** VELVET ICE CREAM COMPANY

**PWS ID:** OH4537412

**SIGNATURE OF OWNER**

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

**Ohio EPA**

PO BOX 77005

Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019

**Revenue ID:** 1320949

**Amount Due:** $112.00

**Type Code:** LFCWS

---

**Transaction ID:**
**IRONGATE EQUESTRIAN CENTER**  
12298 CROTON RD.  
CROTON, OH 43013

---

**WATER SYSTEM INFORMATION**

| Name: | IRONGATE EQUESTRIAN CENTER PWS |
| PWS ID: | OH4561412 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

---

**FEES FOR YEAR 2020**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: | $112.00 |

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** IRONGATE EQUESTRIAN CENTER PWS  
**PWS ID:** OH4561412  
**Contact NAME:** IRONGATE EQUESTRIAN CENTER

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019  
Revenue ID: 1319750  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: PLUMWOOD MOBILE HOME PARK
Contact NAME: PLUMWOOD MOBILE HOME PARK

SIGNATURE OF OWNER ______________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. SIGN...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: 4-H CAMP OHIO-POOL
Contact NAME: 4-H CAMP OHIO

SIGNATURE OF OWNER ____________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318683
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS 0000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

COLUMBUS AND FRANKLIN COUNTY METRO PA
1069 W MAIN ST
WESTERVILLE, OH 43081

WATER SYSTEM INFORMATION
Name: PRAIRIE OAKS VISITOR CENTER PWS
PWS ID: OH4945412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

ATTACHED IS A HANDOUT THAT INDICATES HOW THIS INFORMATION WAS USED TO DETERMINE YOUR FEE AND EXAMPLES OF HOW THE FEE IS CALCULATED FOR EACH TYPE OF WATER SYSTEM.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320405
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320405 0000011200 LFCWS 00000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

---

**WATER SYSTEM INFORMATION**

- **Name:** BP OIL AT 56 AND 71
- **PWS ID:** OH4937012
- **System Type:** TRANSIENT NONCOMMUNITY
- **Number of Wells:** 1
- **Surface Water Source:** No

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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</thead>
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<td><strong>Pay this amount:</strong> $112.00</td>
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**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

This is the only invoice your water system will receive.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320423
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 13204230000011200 LFCWS 00000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GENEVA HILLS-LODGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2332312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

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**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** GENEVA HILLS-LODGE  
**PWS ID:** OH2332312  
**Contact NAME:** GENEVA HILLS-LODGE

**SIGNATURE OF OWNER**  
**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319515 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319515 0000011200 0000000000 1 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER
SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS
ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR
TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS
APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee
Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL
DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the
designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit
card.

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by
the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: VILLAGE VIEW GOLF
Contact NAME: VILLAGE VIEW GOLF

SIGNATURE OF OWNER _____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320962
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: WAFFLE HOUSE 716 PWS
Contact NAME: JUDY THOMAS & COMPANY

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320967 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HENA, INC.
10668 LANCASTER ROAD SW
PO BOX 81
HEBRON, OH 43025-0081

WATER SYSTEM INFORMATION
Name: RED ROOF INN PWS
PWS ID: OH4546312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

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- Make check or money order payable to: TREASURER STATE OF OHIO
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RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: RED ROOF INN PWS
Contact NAME: HENA, INC.
PWS ID: OH4546312

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320460
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

Name: B & B LODGE PWS
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

**FEES FOR YEAR 2020**

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<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PWS: Public Water System License to Operate (LFCWS)

PWS NAME: B AND B LODGE PWS
Contact NAME: B&B LODGE

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318787
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

COUNTRY FOLKS SERVICES LLC DBA BROADWAY
18992 MAIN ST
PO BOX 7164
BROADWAY, OH 43007

COUNTRY FOLKS SERVICES LLC DBA BROADWAY
18992 MAIN ST
PO BOX 7164
BROADWAY, OH 43007

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>B AND E PIZZA PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8030012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: B AND E PIZZA PWS
Contact NAME: COUNTRY FOLKS SERVICES LLC DBA BROADWAY

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318788
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1318788 0000011200 LFCWS 000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

JESS HOWARD ELECTRIC
PO BOX 95
6630 TAYLOR ROAD
BLACKLICK, OH 43004

WATER SYSTEM INFORMATION
Name: JESS HOWARD ELECTRIC
PWS ID: OH2547512
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 25
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: JESS HOWARD ELECTRIC
Contact NAME: JESS HOWARD ELECTRIC

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319786
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319786 0000011200 LFCWS 000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

COLUMBUS AND FRANKLIN COUNTY METRO PA
1069 W MAIN ST
WESTERVILLE, OH 43081

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to:
     TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ROCKY FORK METRO PARK - SMALL RESTROOM  PWS ID: OH2570721
Contact NAME: COLUMBUS AND FRANKLIN COUNTY METRO PA

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
A NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE. 

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BREMEN HOLINESS SCHOOL</th>
<th>PWS ID: OH2343212</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** BREMEN HOLINESS SCHOOL

**Contact NAME:** BREMEN HOLINESS SCHOOL

**SIGNATURE OF OWNER** ___________________________ **DATE** ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1318899</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1318899 0000011200 LFCWS 0000000000 9</td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CIRCLE S FARMS PWS
Contact NAME: CIRCLE S FARMS

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319113
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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1. CONFIRM THE WATER SYSTEM INFORMATION...
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   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   IMPORTANT
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
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4. RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WHISPERING PINES MOBILE HOME PARK
Contact NAME: VINH LOC, HAI

SIGNATURE OF OWNER ___________________________ DATE ______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321028
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1321028 0000011200 LFCWS 000000000 7
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WHITE SANDS
341 LAKE STREET
DELAWARE, OH 43015

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WHITE SANDS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2133712</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

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Pay this amount: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WHITE SANDS
Contact NAME: WHITE SANDS

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321031
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1321031 0000011200 LFCWS 000000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. SIGN...
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4. RETURN APPLICATION PROMPTLY...
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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GOLF GALAXY GOLFWORKS, INC.  PWS ID: OH4545612
Contact NAME: GOLF GALAXY GOLFWORKS, INC.

SIGNATURE OF OWNER ___________________________  DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1319541
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WATER SYSTEM INFORMATION

Name: AMVETS POST 1312 PWS
PWS ID: OH2570714
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: AMVETS POST 1312 PWS
Contact NAME: AMVETS POST 1312

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318735
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318735 000011200 LFCWS 000000000 7
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
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4. RETURN APPLICATION PROMPTLY...
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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: DARBY TAVERN PWS
Contact NAME: DARBY TAVERN

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319254
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319254 0000011200 LFCWS 000000000 6
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1320623

---

**2K, LTD.**  
1245 EAST SLATE RIDGE DRIVE  
CANAL WINCHESTER, OH 43110

---

**WATER SYSTEM INFORMATION**  
Name: SMALL WONDERS LEARNING CENTER PWS  
PWS ID: OH2340812  
System Type: NONCOMMUNITY NONTRANSIENT  
Population Served: 112  
Surface Water Source: No

---

**FEES FOR YEAR 2020**  
Pay this amount: $112.00

---

**CONFIRM THE WATER SYSTEM INFORMATION**  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN**  
Application MUST be signed and dated in the designated area below.

**PAY FEES**  
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- Make check or money order payable to: TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY**  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: SMALL WONDERS LEARNING CENTER PWS  
PWS ID: OH2340812  
Contact NAME: 2K, LTD.

**SIGNATURE OF OWNER** ___________________________ **DATE** ____________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019  
Revenue ID: 1320623  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BACHMAN SUNNY HILL FARMS
Contact NAME: BACHMAN SUNNY HILL FARMS

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318790
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**GRANDVIEW MHP "A"**  
4425 W AIRPORT FREEWAY #475  
IRVING, TX 75062

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GRANDVIEW MHP A PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4202712</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>44</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**PAY FEES...**

Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

---

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: GRANDVIEW MHP A PWS  
Contact NAME: GRANDVIEW MHP "A"

**SIGNATURE OF OWNER**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319550 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319550 0000011200 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: WINNS ORCHARD PWS
Contact NAME: WINNS ORCHARD

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321066
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<th></th>
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<tr>
<td>Name: WINNS ORCHARD PWS</td>
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<td>PWS ID: OH4946212</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

SPEEDWAY, LLC
500 SPEEDWAY DRIVE
ENON, OH 45323

CONIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

PAYMENT DUE: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320650
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WINTERS RECREATIONAL</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8035912</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system. Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

**TOTAL**

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

- Pay to: Treasurer, State of Ohio
- Please write the Revenue ID on your check.
- This is a lockbox. Please do not send other correspondence to this address.

**DDAGW PW: Public Water System License to Operate (LFCWS)**

<table>
<thead>
<tr>
<th>PWS NAME:</th>
<th>WINTERS RECREATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8035912</td>
</tr>
<tr>
<td>Contact NAME:</td>
<td>DBA RAYMOND HOUSE</td>
</tr>
</tbody>
</table>

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

- Pay to: Treasurer, State of Ohio
- Please write the Revenue ID on your check.
- This is a lockbox. Please do not send other correspondence to this address.

**Due Date:** 12/31/2019
**Revenue ID:** 1321069
**Amount Due:** $112.00
**Type Code:** LFCWS
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**GRANDVIEW MHP "B"**
4425 W AIRPORT FREEWAY #475
IRVING, TX 75062

---

**WATER SYSTEM INFORMATION**

Name: GRANDVIEW MHP B
PWS ID: OH4202112
System Type: COMMUNITY
Number of Service Connections: 33
Surface Water Source: No

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GRANDVIEW MHP B
Contact NAME: GRANDVIEW MHP "B"

SIGNATURE OF OWNER __________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319551
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

GRANT GALBRAITH MD, INC.
6519 U.S. ROUTE 42
MT. GILEAD, OH 43338

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GRANT GALBRAITH MD, INC. PWS
PWS ID: OH5941912
Contact NAME: GRANT GALBRAITH MD, INC.

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319553
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

STIMMEL PROPERTIES LLC
DAVID STRAWSER
1235 STIMMEL RD
COLUMBUS, OH 43223

WATER SYSTEM INFORMATION

Name: STIMMEL PROPERTIES LLC
PWS ID: OH2549412
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 48
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: STIMMEL PROPERTIES LLC
Contact NAME: STIMMEL PROPERTIES LLC

SIGNATURE OF OWNER ________________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320691
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

KOKOSING VALLEY CAMPGROUND
25860 COSHOCTON ROAD
HOWARD, OH 43028

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
Application MUST be signed and dated in the designated area below.

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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: KOKOSING VALLEY CAMPGROUND PWS
Contact NAME: KOKOSING VALLEY CAMPGROUND

SIGNATURE OF OWNER __________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319844
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
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4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

GRANVILLE TENNIS CLUB
220 S PEARL ST
GRANVILLE, OH 43023

WATER SYSTEM INFORMATION

Name: GRANVILLE TENNIS CLUB PWS
PWS ID: OH4563812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRANVILLE TENNIS CLUB PWS</td>
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<tr>
<td>PWS ID</td>
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<td>OH4563812</td>
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<td>System Type</td>
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<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells</td>
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<tr>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
   Application MUST be signed and dated in the designated area below.

PAY FEES...
   Please pay the required fee by check, money order or credit card.
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GRANVILLE TENNIS CLUB PWS
PWS ID: OH4563812
Contact NAME: GRANVILLE TENNIS CLUB

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319554
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ZANE TRACE STATION
4985 CINCINNATI-ZANESVILLE ROAD
LANCASTER, OH 43130

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>ZANE TRACE STATION PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
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</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: ZANE TRACE STATION PWS
Contact NAME: ZANE TRACE STATION

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321105
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

MANSFIELD CITY
30 N DIAMOND ST
MANSFIELD, OH 43021

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CLEARFORK CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5931812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CLEARFORK CAMPGROUND
Contact NAME: MANSFIELD CITY

SIGNATURE OF OWNER _________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319123
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER
SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS
ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR
TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS
APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL
DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: KUHLWEINS FARM MARKET PWS
Contact NAME: KUHLWEINS FARM MARKET

SIGNATURE OF OWNER _______________________________ DATE _______________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319854
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.

   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: KYBER RUN GOLF COURSE  PWS ID: OH4551112
Contact NAME: KYBER RUN GOLF COURSE

SIGNATURE OF OWNER ____________________________  DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319855
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GREEN MEADOWS MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4500712</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>35</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN... IMPORTANT**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GREEN MEADOWS MHP
Contact NAME: GREEN MEADOWS MHP - LICKING

**SIGNATURE OF OWNER** ___________________________ **DATE** __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1319562</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>3</td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoices/Revenue ID:** 1320740

---

**C.L., INC. ACCOUNTS PAYABLE**

114 DORCHESTER SQUARE

WESTERVILLE, OH 43081

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TACO BELL STORE 16113</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4942312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

### TOTAL

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**CONFIRM THE WATER SYSTEM INFORMATION**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** TACO BELL STORE 16113

**Contact NAME:** C.L., INC. ACCOUNTS PAYABLE

---

**SIGNATURE OF OWNER**

_____________________________ **DATE**

---

Pay to: *Treasurer, State of Ohio.* Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1320740</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>6</td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MANSFIELD CITY
30 N DIAMOND ST
MANSFIELD, OH 43021

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CLEARFORK MARINA
Contact NAME: MANSFIELD CITY

SIGNATURE OF OWNER __________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
No person shall operate or maintain a public water system in the state of Ohio without a public water system license.

A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.

If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.

This is the only invoice your water system will receive.

KAROLIN, DEB
1700 WATERMARK DRIVE
COLUMBUS, OH 43215

2020 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1318986

- No person shall operate or maintain a public water system in the state of Ohio without a public water system license.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.
- This is the only invoice your water system will receive.

Follow these important steps in completing this application

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: KAROLIN, DEB</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2553112</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Confirm the water system information...
Such as System Name, System Type, Mailing Address, and Fee Amount.
If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

Sign... Application MUST be signed and dated in the designated area below.

Pay fees...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by credit card go to http://epa.ohio.gov

Return application promptly...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

Detach this stub and include with your payment. Retain the top portion for your records.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP KEN JOCKETY POOL  PWS ID: OH2553112
Contact NAME: KAROLIN, DEB

Signature of Owner

Date

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318986
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: BROBST MEMORIAL PARK PWS</td>
<td>Pay this amount: $112.00</td>
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<tr>
<td>PWS ID: OH2566412</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BROBST MEMORIAL PARK PWS
PWS ID: OH2566412
Contact NAME: MADISON TOWNSHIP

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318907
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN... Application MUST be signed and dated in the designated area below.

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE DARBY HOUSE
Contact NAME: DARBY DAN MANAGEMENT CO, LLC

SIGNATURE OF OWNER __________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320778
Amount Due: $112.00
Type Code: LFCWS
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GROVE CITY INN PWS
Contact NAME: GROVE CITY INN
PWS ID: OH2570012

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319571
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 2
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- No person shall operate or maintain a public water system in the State of Ohio without a public water system license.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.
- This is the only invoice your water system will receive.

LANCASTER COUNTRY CLUB
2841 B.I.S. RD
LANCASTER, OH 43130

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>PWS ID: OH2342512</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 80</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

1. Confirm the water system information... Such as System Name, System Type, Mailing Address, and Fee Amount.
2. Sign... Application MUST be signed and dated in the designated area below.
3. Pay fees... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/
4. Return application promptly... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: LANCASTER COUNTRY CLUB
PWS ID: OH2342512
Contact NAME: LANCASTER COUNTRY CLUB

SIGNATURE OF OWNER __________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319895
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN Completing This Application

1. CONFiRM The WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SiGN...
   Application MUST be signed and dated in the designated area below.

3. PaY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. ReTURN APPLiCATiON PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

PUBLIC WATER SYSTEM LICENSE NOTICE

LANCASTER COUNTRY CLUB
2841 B.I.S. RD
LANCASTER, OH 43130

WATER SYSTEM INFORMATION

Name: LANCASTER COUNTRY CLUB MAINTENANCE BLDG.
PWS ID: OH2348512
System Type : TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020  TOTAL

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LANCASTER COUNTRY CLUB MAINTENANCE BLDG.  PWS ID: OH2348512
Contact NAME: LANCASTER COUNTRY CLUB

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319896
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>THE GOODY-NOOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6534012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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</thead>
<tbody>
<tr>
<td>Attach is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
</tr>
</tbody>
</table>

**TOTAL**

Pay this amount: $112.00

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE GOODY-NOOK  PWS ID: OH6534012
Contact NAME: THE GOODY-NOOK

SIGNATURE OF OWNER ___________________________________________ DATE ______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320787 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320787 0000011200 LFCWS 000000000 0 |
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL Operate OR maintain a public water system in the state of Ohio without a public water system license.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.
- IF THERE ARE ANY CHANGES TO the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.
- THIS IS THE ONLY INVOICE your water system will receive.

BROOKDALE MOBILE HOME PARK
1795 BROOKDALE RD
LANCASTER, OH 43130

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as system name, system type, mailing address, and fee amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: BROOKDALE MOBILE HOME PARK</th>
<th>PWS ID: OH2302012</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 28</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>No</th>
<th>System Name</th>
<th>System Type</th>
<th>Mailing Address</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BROOKDALE MOBILE HOME PARK</td>
<td>COMMUNITY</td>
<td>1795 BROOKDALE RD, LANCASTER, OH 43130</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BROOKDALE MOBILE HOME PARK
Contact NAME: BROOKDALE MOBILE HOME PARK

SIGNATURE OF OWNER ______________________ DATE ______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318910
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN... Application MUST be signed and dated in the designated area below.

PAY FEES... Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

1. Confirm the water system information taken from above, the fee owed by your water system is shown in the total column.

2. Sign... Application must be signed and dated in the designated area below.

3. Pay fees... Please pay the required fee by check, money order or credit card.

   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. Return application promptly... Return the signed application along with the appropriate fee by the due date listed below.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319137
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CAMP MOHAVEN
18744 TURKEY RIDGE ROAD
DANVILLE, OH 43014

WATER SYSTEM INFORMATION
Name: CAMP MOHAVEN
PWS ID: OH4232812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP MOHAVEN
PWS ID: OH4232812
Contact NAME: CAMP MOHAVEN

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318992
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BROOKSIDE GOLF AND COUNTRY CLUB
OWNER
2770 W DUBLIN-GRANVILLE RD
COLUMBUS, OH 43235

WATER SYSTEM INFORMATION

Name: BROOKSIDE GOLF & COUNTRY CLUB-ATHLETIC F
PWS ID: OH2556812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Pay this amount: $112.00

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BROOKSIDE GOLF & COUNTRY CLUB-ATHLETIC F
Contact NAME: BROOKSIDE GOLF AND COUNTRY CLUB

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318914
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CLUB OHIO SOCCER, INC
C/O SANDY POOLE
PO BOX 166
BELLBROOK, OH 45305

WATER SYSTEM INFORMATION
Name: CLUB OHIO TRAINING FACILITY PWS
PWS ID: OH2570723
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CLUB OHIO TRAINING FACILITY PWS
Contact NAME: CLUB OHIO SOCCER, INC

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319140
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CAMP OBANNON
9688 BUTLER ROAD NE
NEWARK, OH 43055

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP OBANNON POOL PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4564212</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

Fees for Year 2020

<table>
<thead>
<tr>
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<tbody>
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<td>Pay this amount: $112.00</td>
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP OBANNON POOL PWS
PWS ID: OH4564212
Contact NAME: CAMP OBANNON

SIGNATURE OF OWNER __________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318995
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318995 0000011200 LFCWS 0000000002
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**LIBERTY UNION VFW 3761**
2155 REYNOLDSBURG-BALTIMORE RD
BALTIMORE, OH 43105

---

**WATER SYSTEM INFORMATION**

Name: LIBERTY UNION VFW 3761 PWS
PWS ID: OH2346212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

---

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**TOTAL**

Pay this amount: **$112.00**

---

**CONFIRM THE WATER SYSTEM INFORMATION**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

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**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

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**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LIBERTY UNION VFW 3761 PWS
Contact NAME: LIBERTY UNION VFW 3761

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1319920</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THOMPSON CONCRETE LTD
C/O SCOTT THOMPSON
P.O. BOX 440
CARROLL, OH 43112

WATER SYSTEM INFORMATION

Name: THOMPSON CONCRETE PWS
PWS ID: OH2351012
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount:

$112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THOMPSON CONCRETE PWS
Contact NAME: THOMPSON CONCRETE LTD

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320829
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320829 0000011200 LFCWS 00000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER
SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS
ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR
TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS
APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BROOKSIDE GOLF AND COUNTRY CLUB
OWNER
2770 W DUBLIN-GRANVILLE RD
COLUMBUS, OH 43235

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: BROOKSIDE GOLF AND COUNTRY CLUB PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH2556412</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 114</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BROOKSIDE GOLF AND COUNTRY CLUB PWS
Contact NAME: BROOKSIDE GOLF AND COUNTRY CLUB

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318915
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318915 0000011200 LFCWS 000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: COLLEGEVIEW ACRES-POOL
Contact NAME: COLLEGEVIEW ACRES-POOL

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DOLLAR GENERAL #16888 - ORIENT
Contact NAME: DOLLAR GENERAL CORP

SIGNATURE OF OWNER ________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319306
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: TOMMY WAYNES PIZZA PWS</td>
</tr>
<tr>
<td>PWS ID: OH2347812</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TOMMY WAYNES PIZZA PWS
Contact NAME: TOMMY WAYNES PIZZA

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

| Due Date: 12/31/2019 |
| Revenue ID: 1320853 |
| Amount Due: $112.00 |
| Type Code: LFCWS |
| Transaction ID: |

TOMMY WAYNES PIZZA
5805 S.R. 159
AMANDA, OH 43102

Invoices and Remittances should not be sent to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PALMA, BRENEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2300512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>47</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** COLONY VILLAGE MHP

**Contact NAME:** PALMA, BRENEN

**SIGNATURE OF OWNER**

---

Pay to: Treasurer, State of Ohio. Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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| Due Date: | 12/31/2019 |
| Revenue ID: | 1319151 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319151 0000011200 LFCWS 000000000 0 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: COLUMBIA GAS OF OHIO-MOUNT VERNON PWS

PWS ID: OH4238112

Contact NAME: PARSONS, RON

SIGNATURE OF OWNER ______________________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319152
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BERNE STATION PWS</th>
<th>OH2350212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Pay this amount:</th>
<th>$112.00</th>
</tr>
</thead>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BERNE STATION PWS
Contact NAME: BERNE STATION

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318843
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

CONSULT THE HANDBOOK TO LEARN MORE ABOUT HOW THIS INFORMATION WAS USED TO DETERMINE YOUR FEE.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: TRILLIUM FARMS LAYER 1 PWS

Contact NAME: TRILLIUM FARM HOLDINGS LLC -

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320877
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE. IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE. THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LONDON COUNTRY CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4933912</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay this amount:</strong></td>
<td>$112.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** LONDON COUNTRY CLUB

**Contact NAME:** LONDON COUNTRY CLUB

**SIGNATURE OF OWNER** ____________________________ **DATE** ___________

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319939 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 0000000009 |

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BSA CAMP FALLING ROCK-LOWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4549212</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

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- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

**SIGNATURE OF OWNER**

_________________________________________  DATE

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BSA CAMP FALLING ROCK-LOWER  PWS ID: OH4549212

Contact NAME: BSA - SIMON KENTON COUNCIL

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318922
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: BSA CAMP FALLING ROCK-UPPER</td>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
<tr>
<td>PWS ID: OH4549312</td>
<td></td>
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</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BSA CAMP FALLING ROCK-UPPER
Contact NAME: BSA - SIMON KENTON COUNCIL

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318923
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**M & M PETROLEUM DBA M & M FOOD MART**

5503 NORTON RD.

GROVE CITY, OH 43123

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>M &amp; M PETROLEUM DBA M &amp; M FOOD MART PWS</th>
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<tbody>
<tr>
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<td>OH2564912</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
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</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

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**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

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**SIGN...**

Application MUST be signed and dated in the designated area below.

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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019

**Revenue ID:** 1319959

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BUBBA’S CORNER
11481 US ROUTE 62
ORIENT, OH 43146

WATER SYSTEM INFORMATION

Name: BUBBAS CORNER PWS
PWS ID: OH6540812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BUBBAS CORNER PWS
Contact NAME: BUBBA’S CORNER

SIGNATURE OF OWNER ________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318924
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1318924 0000011200 LFCWS 0000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
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   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME**: M.H. EBY, INC. PWS

**Contact NAME**: M.H. EBY, INC.

**SIGNATURE OF OWNER** ____________________________  **DATE** __________

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

**Due Date**: 12/31/2019

**Revenue ID**: 1319962

**Amount Due**: $112.00

**Type Code**: LFCWS

**Transaction ID**: 

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WATER SYSTEM INFORMATION

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<tr>
<th>Name:</th>
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<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
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<tr>
<td>Population Served:</td>
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<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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<tr>
<td>Pay this amount:</td>
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<td><strong>$112.00</strong></td>
</tr>
</tbody>
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attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MADISON COUNTY ENGINEERS OFFICE PWS</th>
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<td>PWS ID:</td>
<td>OH4946012</td>
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<tr>
<td>System Type:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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Such as System Name, System Type, Mailing Address, and Fee Amount.

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**SIGN...**

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**RETURN APPLICATION PROMPTLY...**

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: MADISON COUNTY ENGINEERS OFFICE PWS

Contact NAME: MADISON COUNTY SANITARY DIST

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319966
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319966 0000011200 LFCWS 0000000000 5
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>COMPANY WRENCH PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2351212</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

<table>
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<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

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DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** COMPANY WRENCH PWS  
**PWS ID:** OH2351212  
**Contact NAME:** COMPANY WRENCH

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**2020 PUBLIC WATER SYSTEM LICENSE NOTIC**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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---

CD DG MT VERNON, LLC
4336 MARCH RIDGE RD
CARROLLTON, TX 75010

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20078 - MT VERNON</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4244717</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
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</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** DOLLAR GENERAL #20078 - MT VERNON

**Contact NAME:** CD DG MT VERNON, LLC

**SIGNATURE OF OWNER** __________________________  **DATE** __________________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319325 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20078 - MT VERNON</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4244717</td>
</tr>
<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
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**Fees for Year 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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| Pay this amount: | $112.00 |

CONFIRM THE WATER SYSTEM INFORMATION...

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DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME**: DOLLAR GENERAL #20078 - MT VERNON

**PWS ID**: OH4244717

**Contact NAME**: ELLIOTT, KRISTIN

**SIGNATURE OF OWNER**

**DATE**

Pay to: *Treasurer, State of Ohio*. Please write the Revenue ID on your check.

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319325 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319325 0000011200 LFCWS 0000000001 |
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BUCKEYE CANTINA
13607 SHELL BEACH ROAD NE
THORNVILLE, OH 43076

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BUCKEYE CANTINA PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2345812</td>
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<td>System Type:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
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3 PAY FEES...
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- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BUCKEYE CANTINA PWS

Contact NAME: BUCKEYE CANTINA

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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<tr>
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</tr>
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1318926 0000011200 LFCWS 000000000
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Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

COMPLETE CARE ANIMAL HOSPITAL
999 HARCOURT RD
MT VERNON, OH 43050

WATER SYSTEM INFORMATION
Name: COMPLETE CARE ANIMAL HOSPITAL PWS
PWS ID: OH4242012
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Total
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319160
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SHY, INC.
13683 STATE RTE 38
MARYSVILLE, OH 43040

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>MARYSVILLE GOLF COURSE</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH8032512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Confirm the water system information...
Such as System Name, System Type, Mailing Address, and Fee Amount.

If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

Sign...
Application MUST be signed and dated in the designated area below.

Pay fees...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

Return application promptly...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: MARYSVILLE GOLF COURSE
Contact NAME: SHY, INC.

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319999
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319999 0000011200 LFCWS 0000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>HICKORY HILLS GOLF CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2567412</td>
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<tr>
<td>System Type :</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. | TOTAL |
| Pay this amount: | $112.00 |

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HICKORY HILLS GOLF CLUB
Contact NAME: HICKORY HILLS GOLF CLUB-GROVE CITY

SIGNATURE OF OWNER ____________________________ DATE ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319635
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319635 0000011200 LFCWS 000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
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3. PAY FEES...
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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318927
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BUCKEYE FORD INC

Contact NAME: BUCKEYE FORD INC

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

WATER SYSTEM INFORMATION

Name: BUCKEYE FORD INC
PWS ID: OH4939812
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 100
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Invoice/Revenue ID: 1318927 0000011200 LFCWS 000000000 5
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. SIGN... Application MUST be signed and dated in the designated area below.

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: DUBLIN ARTS COUNCIL PWS Contact NAME: DUBLIN FACILITIES, CITY OF

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319356
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MID-OHIO SPORTS INFIELD PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5942714</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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</tr>
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**FEES FOR YEAR 2020**

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<td></td>
</tr>
</tbody>
</table>

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: MID-OHIO SPORTS INFIELD PWS
Contact NAME: MID-OHIO SPORTS

SIGNATURE OF OWNER _____________________________ DATE _____________________________

Pay to: **Treasurer, State of Ohio**. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

<table>
<thead>
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<th>Due Date:</th>
<th>12/31/2019</th>
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<tr>
<td>Revenue ID:</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
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</tr>
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<td>Transaction ID:</td>
<td>1320038 0000011200 LFCWS 000000000 7</td>
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</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BUCKEYE HILLS COUNTRY CLUB INC
Contact NAME: BUCKEYE HILLS COUNTRY CLUB INC

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318928
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**BUCKEYE LAKE WINERY INC**

13750 ROSEWOOD DR
THORNVILLE, OH 43076

---

**WATER SYSTEM INFORMATION**

| Name: BUCKEYE LAKE WINERY INC PWS | PWS ID: OH2353112 |
| System Type: TRANSIENT NONCOMMUNITY |
| Number of Wells: 1 |
| Surface Water Source: No |

---

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td>Pay this amount: <strong>$112.00</strong></td>
</tr>
</tbody>
</table>

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** BUCKEYE LAKE WINERY INC PWS

**PWS ID:** OH2353112

**Contact NAME:** BUCKEYE LAKE WINERY INC

---

**SIGNATURE OF OWNER** ____________________________ **DATE**

---

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

| Due Date: 12/31/2019 |
| Revenue ID: 1318929 |
| Amount Due: $112.00 |
| Type Code: LFCWS |
| Transaction ID: |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

OM SHIV INC.
870 US ROUTE 42
LONDON, OH 43140

WATER SYSTEM INFORMATION

Name: OM SHIV INC.
PWS ID: OH4941112
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 2
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: MOTEL 6  
PWS ID: OH4941112
Contact NAME: OM SHIV INC.

SIGNATURE OF OWNER ___________________________  DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320083
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**

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**THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HIDE-A-WAY HILLS LODGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2338912</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

Field: DDAGW PW- Public Water System License to Operate (LFCWS)

PWS Name: HIDE-A-WAY HILLS LODGE PWS

PWS ID: OH2338912

Contact Name: HIDE-A-WAY HILLS CLUB

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tr>
<td>Revenue ID:</td>
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<td>Transaction ID:</td>
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</table>
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HIGHLAND PIZZA AND ICE CREAM PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5942612</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: HIGHLAND PIZZA AND ICE CREAM PWS  
PWS ID: OH5942612

Contact NAME: HIGHLAND PIZZA AND ICE CREAM

**SIGNATURE OF OWNER** ____________________________  **DATE** ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1319659  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MPW INDUSTRIAL SERVICE INC.
ATTN LEGAL
9711 LANCASTER RD SE
HEBRON, OH 43025

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MPW TECHNOLOGY CENTER
Contact NAME: MPW INDUSTRIAL SERVICE INC.

SIGNATURE OF OWNER ___________________________ DATE _____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320088
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320088 0000011200 LFCWS 000000000 6
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MRL, II LTD
Contact NAME: MRL, II LTD

SIGNATURE OF OWNER ______________________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320089
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN... Application MUST be signed and dated in the designated area below.

3 PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: COOKS CREEK GOLF CLUB

Contact NAME: COOKS CREEK GOLF CLUB

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319174
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319174 0000011200 LFCWS 000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HILLCREST GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4541612</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: HILLCREST GOLF COURSE

Contact NAME: HILLCREST GOLF COURSE

SIGNATURE OF OWNER ________________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319664
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ALTON RV PARK PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2563112</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**Payment Information**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CORDLES MOBILE HOME PARK
CRAIG CORDLE
3290 US HIGHWAY 42 SW
LONDON, OH 43140

WATER SYSTEM INFORMATION
Name: CORDLES MOBILE HOME PARK
PWS ID: OH4900312
System Type: COMMUNITY
Number of Service Connections: 19
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CORDLES MOBILE HOME PARK
PWS ID: OH4900312
Contact NAME: CORDLES MOBILE HOME PARK

SIGNATURE OF OWNER ___________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319180
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN... Application MUST be signed and dated in the designated area below.

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HOLIDAY INN EXPRESS
Contact NAME: HOLIDAY INN EXPRESS

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319684
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319684 0000011200 LFCWS 0000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CASTAWAY RESTAURANT
4095 LANCASTER THORNVILLE ROAD
PLEASANTVILLE, OH 43148

OPEN WATER SYSTEM LICENSE NOTICE
2020

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CASTAWAY RESTAURANT
Contact NAME: CASTAWAY RESTAURANT

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319043 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

IMPORTANT WATER SYSTEM INFORMATION
Name: NATIONAL TRAIL RACEWAY GRANDSTAND
PWS ID: OH4561812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 2
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN... Application MUST be signed and dated in the designated area below.

PAY FEES... Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: NATIONAL TRAIL RACEWAY GRANDSTAND PWS ID: OH4561812
Contact NAME: NATIONAL TRAIL RACEWAY

SIGNATURE OF OWNER

Due Date: 12/31/2019
Revenue ID: 1320117
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  

- **NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**
- **A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.**
- **IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.**
- **THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.**

---

**COUGHLIN AUTO. PROP. OF CIRCLEVILLE**  
9000 BROAD ST SW  
PATASKALA, OH 43062

---

**WATER SYSTEM INFORMATION**

| Name: COUGHLIN FORD OF JOHNSTOWN | PWS ID: OH4567621 |
| System Type: NONCOMMUNITY NONTRANSIENT | Population Served: 50 |
| Surface Water Source: No |

---

**FEES FOR YEAR 2020**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: **$112.00** |

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** COUGHLIN FORD OF JOHNSTOWN  
**PWS ID:** OH4567621  
**Contact NAME:** COUGHLIN AUTO. PROP. OF CIRCLEVILLE

**SIGNATURE OF OWNER**  
**DATE**

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019  
**Revenue ID:** 1319187  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**

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**TREASURER STATE OF OHIO**
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BLACKWOODS PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6540912</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BLACKWOODS PWS
Contact NAME: BLACKWOODS

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318865
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>BEACH HOUSE PUB</th>
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<tr>
<td>PWS ID:</td>
<td>OH2345712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: | **$112.00** |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BEACH HOUSE PUB

Contact NAME: BEACH HOUSE PUB

SIGNATURE OF OWNER __________________________ DATE ___________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318811 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318811 0000011200 LFCWS 000000000 4 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CATHOLIC YOUTH SUMMER CAMP PWS
Contact NAME: CATHOLIC YOUTH SUMMER CAMP

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Treasurer, State of Ohio
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319048
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

FAIRFIELD COUNTY YOUTH BASEBALL ASSOC
GREG THRUSH
227 E 5TH AVE
LANCASTER, OH 43130

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FAIRFIELD COUNTY YOUTH BASEBALL ASSOC
Contact NAME: FAIRFIELD COUNTY YOUTH BASEBALL ASSOC

SIGNATURE OF OWNER __________________________ DATE _____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319411
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HOLMES LUMBER OFFICE
Contact NAME: HOLMES LUMBER BUILDING COMPONENTS

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319696
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319696 0000011200 LFCWS 000000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FREDERICKTOWN RECREATION DISTRICT
12 MILL ST
PO BOX 86
FREDERICKTOWN, OH 43019

WATER SYSTEM INFORMATION

Name: NORTH BRANCH KOKOSING DAM CAMP PWS
PWS ID: OH4237312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: NORTH BRANCH KOKOSING DAM CAMP PWS
Contact NAME: FREDERICKTOWN RECREATION DISTRICT

SIGNATURE OF OWNER ____________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320148
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>NORTHFIELD MEDICAL BLDG PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH5942012</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

| Pay this amount: | $112.00 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
**PWS NAME:** NORTHFIELD MEDICAL BLDG PWS
**PWS ID:** OH5942012
**Contact NAME:** NORTHFIELD MEDICAL

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: Treasurer, State of Ohio. Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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<th>12/31/2019</th>
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<td>Revenue ID:</td>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
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1320157 0000011200 LFCWS 000000000 2
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: NATIONAL TRAIL RACEWAY TOWER
Contact NAME: NATIONAL TRAIL RACEWAY, LLC

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320118
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HOLMES LUMBER DUBLIN PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH4946316</td>
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<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**TOTAL**

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: HOLMES LUMBER DUBLIN PWS

Contact NAME: HOLMES LUMBER

SIGNATURE OF OWNER ___________________________ DATE _____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

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1319698 0000011200 LFCWS 000000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

Payment Information

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: CEDAR RIDGE LODGE AREA PWS
PWS ID: OH2546912
Contact NAME: MCGIVERN, RICK

SIGNATURE OF OWNER ___________________________ DATE ____________________

Due Date: 12/31/2019
Revenue ID: 1319054
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Invoice/Revenue ID: 1319054
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: NATIONAL ROAD GOLF COURSE PWS ID: OH4943612
Contact NAME: NATIONAL ROAD GOLF COURSE

SIGNATURE OF OWNER ____________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320116
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.

   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW - Public Water System License to Operate (LFCWS)

PWS NAME: CASSENS TRANSPORT CO  
PWS ID: OH8036512  
Contact NAME: CASSENS TRANSPORT CO

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319042
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NORTHMOR ADMINISTRATIVE OFFICE</th>
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<tr>
<td>PWS ID:</td>
<td>OH5936212</td>
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<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>30</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td>-------</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: Treasurer State of Ohio
- For information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1320161  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER
SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS
ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR
TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS
APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

KAROLIN, DEB
1700 WATERMARK DRIVE
COLUMBUS, OH 43215

WATER SYSTEM INFORMATION

Name: ELAM ENVIRONMENTAL CENTER
PWS ID: OH2553012
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ELAM ENVIRONMENTAL CENTER
Contact NAME: KAROLIN, DEB

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319386
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CARTER LUMBER PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2438312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** CARTER LUMBER PWS

**Contact NAME:** CARTER LUMBER ‐ FAYETTE

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019

**Revenue ID:** 1319037

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: MT AIR IMPROVEMENT CORP</th>
<th>PWS ID: OH2504212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: Community</td>
<td>Number of Service Connections: 48</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: MT AIR IMPROVEMENT CORP PWS ID: OH2504212

Contact NAME: MT AIR IMPROVEMENT CORPORATION

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320090
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Burning Tree Golf Course</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4547512</td>
<td></td>
</tr>
<tr>
<td>System Type: Transient Noncommunity</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $112.00

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: Burning Tree Golf Course

Contact NAME: Burning Tree Golf Course, Inc

SIGNATURE OF OWNER ____________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1318942
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

OAK GROVE TAVERN
OWNER
8340 ALKIRE ROAD
GALLOWAY, OH 43119

WATER SYSTEM INFORMATION
Name: OAK GROVE TAVERN
PWS ID: OH2533612
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: OAK GROVE TAVERN
Contact NAME: OAK GROVE TAVERN
PWS ID: OH2533612

SIGNATURE OF OWNER ___________________________ DATE _____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1320171
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320171 0000011200 LFCWS 0000000000 4
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**MPW INDUSTRIAL SERVICE INC.**

**ATTN LEGAL**

9711 LANCASTER RD SE

HEBRON, OH 43025

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MPW INDUSTRIAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4555112</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>79</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

---

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** MPW INDUSTRIAL SERVICES

**PWS ID:** OH4555112

**Contact NAME:** MPW INDUSTRIAL SERVICE INC.

**SIGNATURE OF OWNER** ___________________________ **DATE** ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

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Due Date: 12/31/2019

Revenue ID: 1320087

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1320087 0000011200 LFCWS 000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MPW CORPORATE BLDG PWS
Contact NAME: MPW INDUSTRIAL SERVICES

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320086
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**CERTIFIED GAS STATION #423**

949 KING AVENUE

COLUMBUS, OH 43212-2662

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: Certified Gas Station #423</th>
<th>PWS ID: OH4559512</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: Transient Noncommunity</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: <strong>$112.00</strong></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: CERTIFIED GAS STATION #423

Contact NAME: CERTIFIED GAS STATION #423

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319060
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MOTION RESERVATION CAMPGROUND
23270 WALLY RD
LOUDONVILLE, OH 44842

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: MOHICAN RESERVATION CAMP
Contact NAME: MOHICAN RESERVATION CAMPGROUND

SIGNATURE OF OWNER ____________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MOHICAN RESERVATION CAMP</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4238312</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 2</td>
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</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1320068</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Code: LFCWS</td>
</tr>
</tbody>
</table>

Due Date: 12/31/2019
Revenue ID: 1320068
Amount Due: $112.00
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320040
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
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   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MID-OHIO SPORTS MAINTENANCE
Contact NAME: MID-OHIO SPORTS

SIGNATURE OF OWNER __________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Water System Information</th>
<th>Fees for Year 2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MID-OHIO SPORTS MAINTENANCE</td>
<td>Pay this amount: $112.00</td>
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</tr>
<tr>
<td>PWS ID: OH5935712</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
<td></td>
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<td>Number of Wells: 1</td>
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<td></td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
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</tbody>
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<tr>
<th>Invoice/Revenue ID: 1320039</th>
<th>Due Date: 12/31/2019</th>
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<tr>
<td>Revenue ID: 1320039</td>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

HOMESTEAD SPRINGS GOLF COURSE
5888 LONDON LANCASTER ROAD
GROVEPORT, OH 43125

WATER SYSTEM INFORMATION

Name: HOMESTEAD SPRINGS GOLF COURSE
PWS ID: OH2532312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attended is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HOMESTEAD SPRINGS GOLF COURSE
Contact NAME: HOMESTEAD SPRINGS GOLF COURSE

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319705
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
OAKLAND GROCERY
9101 S.R. 159
AMANDA, OH 43102

WATER SYSTEM INFORMATION

Name: OAKLAND GROCERY PWS
PWS ID: OH2347912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OAKLAND GROCERY PWS
Contact NAME: OAKLAND GROCERY

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1320183
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320183 0000011200 LFCWS 000000000 0

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DREXEL J THRASH TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4231312</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount:  | $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** DREXEL J THRASH TRAINING  
**PWS ID:** OH4231312  
**Contact NAME:** DREXEL J THRASH TRAINING CENTR

**SIGNATURE OF OWNER** ___________________________ **DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
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<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
MAYER FARM EQUIPMENT
1812 S.R. 734
JEFFERSONVILLE, OH 43128

2020 PUBLIC WATER SYSTEM LICENSE NOTICE
Invoice/Revenue ID: 1320005

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MAYER FARM EQUIPMENT PWS
Contact NAME: MAYER FARM EQUIPMENT

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320005
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320185

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

OBETZ, VILLAGE OF  
ATTN: MATT CRAMBLIT  
4175 ALUM CREEK DR  
OBETZ, OH 43207

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>OBETZ SATELLITE 6 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2566512</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
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FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Name:</th>
<th>OBETZ SATELLITE 6 PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2566512</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>30</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
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</table>

Pay this amount: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: OBETZ SATELLITE 6 PWS
Contact NAME: OBETZ, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320185
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DOLLAR GENERAL CORP
ATTN: SHEILA SCULL, ENV. COMPLIANCE
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL MANSFIELD SR 97-19557</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5942715</td>
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<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

<table>
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<tr>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
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</table>

ATTACHED is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DOLLAR GENERAL MANSFIELD SR 97-19557
Contact NAME: DOLLAR GENERAL CORP

SIGNATURE OF OWNER: __________________________ DATE: __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319334
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319334 0000011200 LFCWS 0000000000 0
**PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1319011

- **NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**
- **A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.**
- **IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.**
- **THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.**

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: CAMP WISSLALOHICAN WATER SYSTEM</td>
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</tr>
<tr>
<td>PWS ID: OH4900012</td>
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</tr>
<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 18</td>
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<tr>
<td>Surface Water Source: No</td>
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</tr>
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</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** CAMP WISSLALOHICAN WATER SYSTEM

**PWS ID:** OH4900012

**Contact NAME:** MADISON COUNTY SANITARY DIST

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319011 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |  |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: MAKOY CENTER, INC.</td>
<td>PWS ID: OH2557212</td>
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</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Confirm the water system information... Such as System Name, System Type, Mailing Address, and Fee Amount.

If this information is incorrect contact central district office - DDAGW at 614-728-3778

Sign... Application MUST be signed and dated in the designated area below.

Pay fees... Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

Return application promptly... Return the signed application along with the appropriate fee by the DUE DATE listed below.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Signature of Owner __________________________ Date __________

Due Date: 12/31/2019
Revenue ID: 1319976
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319976 0000011200 LFCWS 0000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: HONDA WETLAND EDUCATION AREA-GLACIER RID</td>
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<td>PWS ID: OH8039412</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HONDA WETLAND EDUCATION AREA-GLACIER RID
Contact NAME: COLUMBUS AND FRANKLIN COUNTY METRO PA

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319706
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319706 0000011200 LFCWS 000000000 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT central DISTRICT OFFICE - DDAGW at 614-728-3778**

2. **SIGN...**
   - **IMPORTANT**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - - Make check or money order payable to: TREASURER STATE OF OHIO
   - - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** CEVA LOGISTICS

**Contact NAME:** CEVA LOGISTICS

**PWS ID:** OH8038612

**TYPE CODE:** LFCWS

**Due Date:** 12/31/2019

**Revenue ID:** 1319062

**Amount Due:** $112.00

---

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>FISH AND GAME CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2331712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

## FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
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<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
</tr>
</tbody>
</table>

Pay this amount: **$112.00**

## SIGN...

**IMPORTANT** Application MUST be signed and dated in the designated area below.

## PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

## RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** FISH AND GAME CAMPGROUND  
**PWS ID:** OH2331712  
**Contact NAME:** FISH AND GAME CAMPGROUND

**SIGNATURE OF OWNER** ________________________________  
**DATE** ________________________________

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319436 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319436 0000011200 LFCWS 0000000000 7 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HOOVER Y PARK</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2543412</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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**FEES FOR YEAR 2020**

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** HOOVER Y PARK  
**PWS ID:** OH2543412  
**Contact NAME:** YMCA OF CENTRAL OHIO

**SIGNATURE OF OWNER** ___________________________  DATE ________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
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<tbody>
<tr>
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<td>Transaction ID:</td>
<td></td>
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NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FISH AND GAME SHACK
BOARD OF DIRECTORS
PO BOX 124
BALTIMORE, OH 43105

FISH AND GAME SHACK
OH2345312
TRANSIENT NONCOMMUNITY
1
No

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>FISH AND GAME SHACK</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2345312</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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### FEES FOR YEAR 2020

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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $112.00

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

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   Please pay the required fee by check, money order or credit card.
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   - For information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FISH AND GAME SHACK
PWS ID: OH2345312
Contact NAME: FISH AND GAME SHACK

SIGNATURE OF OWNER __________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319437
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319437 0000011200 LFCWS 00000000 6
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DOLLAR GENERAL CORP
ATTN: SHEILA SCULL, ENV. COMPLIANCE
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

WATER SYSTEM INFORMATION

Name: DOLLAR GENERAL #19047 - CARROLL
PWS ID: OH2353322
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source:
No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DOLLAR GENERAL #19047 - CARROLL
Contact NAME: DOLLAR GENERAL CORP

SIGNATURE OF OWNER ___________________________ DATE ______________________

Due Date: 12/31/2019
Revenue ID: 1319319
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1319319 0000011200 LFCWS 000000000 9
**2020  PUBLIC WATER SYSTEM LICENSE NOTICE**

**KAROLIN, DEB**

**1700 WATERMARK DRIVE**

**COLUMBUS, OH 43215**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP WAKATOMIKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4549912</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>2</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

**TOTAL**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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**RETURN APPLICATION PROMPTLY...**

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** CAMP WAKATOMIKA

**PWS ID:** OH4549912

**Contact NAME:** KAROLIN, DEB

**SIGNATURE OF OWNER** ___________________________ **DATE** ____________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319004 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

---
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LYND FRUIT FARM-MIGRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4543012</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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**FEES FOR YEAR 2020**

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<tr>
<th>Date</th>
<th>Pay this amount:</th>
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<tbody>
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<td></td>
<td>$112.00</td>
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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
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3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

4. **RETURN APPLICATION PROMPTLY...**
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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: LYND FRUIT FARM-MIGRANT

Contact NAME: LYND FRUIT FARM-MIGRANT CAMP

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<th>Due Date:</th>
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<tr>
<td>Revenue ID:</td>
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<td>Type Code:</td>
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<td>Transaction ID:</td>
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1319957 0000011200 LFCWS 0000000000 6
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Pay this amount: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OLD 42 ANTIQUES AND VINTAGE MARKETPLACE
Contact NAME: JOHN COFFEY AND COMPANY

SIGNATURE OF OWNER ___________________________ DATE ___________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320278
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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1. CONFIRM THE WATER SYSTEM INFORMATION...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: COUNTRY HILLS MHP
Contact NAME: HUMMEL REAL ESTATE INVESTMENTS LLC

SIGNATURE OF OWNER ___________________________ DATE _____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319197
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319197 0000011200 LFCWS 0000000000
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DOLLAR GENERAL CORP
ATTN: SHEILA SCULL, ENV. COMPLIANCE
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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<thead>
<tr>
<th>Name</th>
<th>DOLLAR GENERAL #17176 - GROVE CITY</th>
</tr>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH2570726</td>
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<td>System Type</td>
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<td>Number of Wells</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source</td>
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DOLLAR GENERAL #17176 - GROVE CITY
Contact NAME: DOLLAR GENERAL CORP

SIGNATURE OF OWNER ________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319308
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LITTLE VILLAGE DAY CARE PWS
PWS ID: OH4565912
Contact NAME: TIETZ PROPERTIES

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319931
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DOLLAR GENERAL CORP
ATTN: SHEILA SCULL, ENV. COMPLIANCE
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
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<tr>
<td>PWS ID:</td>
<td>OH2353317</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
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<tr>
<td>Surface Water Source:</td>
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<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

ATTACHED IS A HANDOUT THAT INDICATES HOW THIS INFORMATION WAS USED TO DETERMINE YOUR FEE AND EXAMPLES OF HOW THE FEE IS CALCULATED FOR EACH TYPE OF WATER SYSTEM.

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.

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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: DOLLAR GENERAL #16307 - AMANDA

PWS ID: OH2353317

Contact NAME: DOLLAR GENERAL CORP

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319303
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319303 0000011200 LFCWS 000000000 7
**PUBLIC WATER SYSTEM LICENSE NOTICE**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

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**WATER SYSTEM INFORMATION**

<table>
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<tr>
<th>Name: LICKING RURAL ELECTRIC</th>
<th>PWS ID: OH4534612</th>
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</thead>
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<tr>
<td>System Type: Noncommunity Nontransient</td>
<td>Population Served: 36</td>
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<tr>
<td>Surface Water Source: No</td>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: <strong>$112.00</strong></td>
</tr>
</tbody>
</table>

**ATTACHMENTS**

- Handout indicating how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** LICKING RURAL ELECTRIC  
**PWS ID:** OH4534612  
**Contact NAME:** LICKING RURAL ELECTRIFICATION

**SIGNATURE OF OWNER**

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319922 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |  |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

LICKING PARK DISTRICT
4309 LANCASTER RD
PO BOX 590
GRANVILLE, OH 43023

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LICKING PARK DISTRICT
Contact NAME: LICKING PARK DISTRICT

SIGNATURE OF OWNER ________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319921
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319921 0000011200 LFCWS 000000000 9
**NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**

**A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.**

**IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.**

**THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.**

---

**ABOVE PAR EVENT CENTER**

3960 FREMAR RD NE
LANCASTER, OH 43130

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ABOVE PAR EVENT CENTER</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2335512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
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---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: ABOVE PAR EVENT CENTER

PWS ID: OH2335512

Contact NAME: ABOVE PAR EVENT CENTER

**SIGNATURE OF OWNER** ________________________ **DATE** ________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Amount Due:</td>
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<td>Type Code:</td>
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<tr>
<td>Transaction ID:</td>
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</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

COUNTRY LANE GARDENS HC
7820 PLEASANTVILLE ROAD
THORNVILLE, OH 43076

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

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  TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to
  http://epa.ohio.gov

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: COUNTRY LANE GARDENS HC
Contact NAME: COUNTRY LANE GARDENS HC

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319200
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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LIBERTY TOWNSHIP TRUSTEES
21655 MAIN ST
PO BOX 122
RAYMOND, OH 43067

WATER SYSTEM INFORMATION
Name: LIBERTY TOWNSHIP COMMUNITY BLDG PWS
PWS ID: OH8038912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LIBERTY TOWNSHIP COMMUNITY BLDG PWS
Contact NAME: LIBERTY TOWNSHIP TRUSTEES

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319919
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CAMP OBANNON
9688 BUTLER ROAD NE
NEWARK, OH 43055

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: CAMP OBANNON
PWS ID: OH4549412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

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CONFIRM THE WATER SYSTEM INFORMATION...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP OBANNON
Contact NAME: CAMP OBANNON

SIGNATURE OF OWNER ________________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318994
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318994 0000011200 LFCWS 0000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OLD STONE HAUS TAVERN PWS
Contact NAME: OLD STONE HAUS TAVERN

SIGNATURE OF OWNER _____________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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<td>Transaction ID:</td>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CAMP MCPHERSON
21880 SHADLEY VALLEY RD
DANVILLE, OH 43014

FOLLOW THESE IMPORTANT STEPS IN CompleTING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
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<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<td>Name: CAMP MCPHERSON LODGE PWS</td>
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<tr>
<td>PWS ID: OH4241112</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
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</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP MCPHERSON LODGE PWS
PWS ID: OH4241112
Contact NAME: CAMP MCPHERSON

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318991
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CAMP MCPHERSON
21880 SHADLEY VALLEY RD
DANVILLE, OH 43014

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
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4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

WATER SYSTEM INFORMATION

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<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
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<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: CAMP MCPHERSON  
PWS ID: OH4232612

Contact NAME: CAMP MCPHERSON

SIGNATURE OF OWNER __________________________ DATE _______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1318990
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LANCASTER SPORT CYCLES PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2348612</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
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<tbody>
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<td>Pay this amount: $112.00</td>
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: LANCASTER SPORT CYCLES PWS
Contact NAME: LANCASTER SPORT CYCLES

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319897
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER
SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS
ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR
TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS
APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHAPEL HILL GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4240012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |

| Pay this amount: | $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

### IMPORTANT STEPS IN Completing THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** CHAPEL HILL GOLF COURSE  
**PWS ID:** OH4240012  
**Contact NAME:** CHAPEL HILL GOLF COURSE

**SIGNATURE OF OWNER** ____________________________  
**DATE** ____________________________

Pay to: **Treasurer, State of Ohio**. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319068 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 13190680000011200 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

| Name: | HOUSTON PLUMBING PWS |
| PWS ID: | OH4536412 |
| System Type: | NONCOMMUNITY NONTRANSIENT |
| Population Served: | 73 |
| Surface Water Source: | No |

**FEES FOR YEAR 2020**

| Name: | HOUSTON PLUMBING PWS |
| PWS ID: | OH4536412 |
| System Type: | NONCOMMUNITY NONTRANSIENT |
| Population Served: | 73 |
| Surface Water Source: | No |

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319717 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |

**SIGNATURE OF OWNER**

---------

DATE

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** HOUSTON PLUMBING PWS  
**PWS ID:** OH4536412

**Contact NAME:** HOUSTON PLUMBING

| Revenue ID: | 1319717 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |

**Pay to:** **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LAKEVIEW PARK CAMPGROUND</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2333412</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Confirms the water system information. Such as System Name, System Type, Mailing Address, and Fee Amount.

If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

Pay this amount: $112.00

Pay fees... Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by credit card go to http://epa.ohio.gov/

Return application promptly... Return the signed application along with the appropriate fee by the due date listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: LAKEVIEW PARK CAMPGROUND  PWS ID: OH2333412
Contact NAME: LAKEVIEW PARK CAMPGROUND

SIGNATURE OF OWNER ____________________________ DATE ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319893
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BUCKEYE LAKE MHP, LLC
111 2ND AVENUE NE, STE. 202-B
ST PETERSBURG, FL 33701

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LAKESHORE COURT MOBILE HOME
Contact NAME: BUCKEYE LAKE MHP, LLC

SIGNATURE OF OWNER ___________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1319887</th>
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<tr>
<td>Due Date: 12/31/2019</td>
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<tr>
<td>Revenue ID: 1319887</td>
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<tr>
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<tr>
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<tr>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**BLUES CREEK GOLF, LLC**  
20640 STATE ROUTE 4  
MARYSVILLE, OH 43040

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BLUES CREEK GOLF, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8038412</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$112.00</td>
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**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: BLUES CREEK GOLF, LLC  
Contact NAME: BLUES CREEK GOLF, LLC

**SIGNATURE OF OWNER**  
__________________________  
DATE ____________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Revenue ID:</td>
<td>1318879</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1319282

---

**DELUXE INN**  
10772 LANCASTER ROAD  
HEBRON, OH 43026

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
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     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: DELUXE INN</th>
<th>PWS ID: OH4556212</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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| Pay this amount: $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** DELUXE INN  
**PWS ID:** OH4556212  
**Contact NAME:** DELUXE INN

**SIGNATURE OF OWNER**  
**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

**Invoice/Revenue ID:** 1319282  
**Due Date:** 12/31/2019  
**Revenue ID:** 1319282  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**
DEER CREEK CAMPING RESORT
231 PLAYERS CLUB CT
COMMERCIAL POINT, OH 43116

WATER SYSTEM INFORMATION
Name: DEER CREEK CAMPING RESORT
PWS ID: OH6536912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DEER CREEK CAMPING RESORT
Contact NAME: DEER CREEK CAMPING RESORT

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319275
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DECKER'S NURSERY
6239 RAGER RD
GROVEPORT, OH 43125

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   • Make check or money order payable to: TREASURER STATE OF OHIO
   • For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DECKER MIGRANT RESIDENCE #6239 PWS
Contact NAME: DECKER'S NURSERY

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319272
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS 000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
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3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: ORIENT SUNOCO PWS
Contact NAME: ORIENT SUNOCO

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320293
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320293 0000011200 LFCWS 0000000000 7
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

- No person shall operate or maintain a public water system in the State of Ohio without a public water system license.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the Director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA District Office.
- This is the only invoice your water system will receive.

**WATER SYSTEM INFORMATION**

- **Name:** ROBINETTE, VALERIE
- **FAYETTE COUNTY COMMISSIONERS**
- **133 SOUTH MAIN ST. STE L22**
- **WASHINGTON COURT HOUSE, OH 43160**

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Name:</th>
<th>I-71 &amp; SR-35 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2437412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>19</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**TOTAL**

- **Pay this amount:** $112.00

**CONFIRM THE WATER SYSTEM INFORMATION...**

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- If this information is incorrect contact Central District Office - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

- Please pay the required fee by check, money order or credit card.
  - Make check or money order payable to: TREASURER STATE OF OHIO
  - For information on paying by Credit Card go to HTTP://EPA.OHIO.GOV/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** I-71 & SR-35 PWS

**Contact NAME:** ROBINETTE, VALERIE

**SIGNATURE OF OWNER**

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319733 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 0000001200 LFCWS 000000000 7 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SMITH, DAVID AND CHERYL
14141 HILLVIEW RD
MARYSVILLE, OH 43040

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BLUESCREEK FARM MEATS
Contact NAME: SMITH, DAVID AND CHERYL

SIGNATURE OF OWNER ________________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318880
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

YMCA OF CENTRAL OHIO
40 W. LONG STREET
COLUMBUS, OH 43215

WATER SYSTEM INFORMATION

Name: YMCA HOOVER EDUCARE
PWS ID: OH2557112
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

Due Date: 12/31/2019
Revenue ID: 1321096
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1319072

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CHARLES ALLEY MEMORIAL PARK
LANCASTER PARKS & REC, J THOMSON
1507 E. MAIN STREET
LANCASTER, OH 43130

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHARLES ALLEY MEMORIAL PARK PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2347212</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: CHARLES ALLEY MEMORIAL PARK PWS  PWS ID: OH2347212
Contact NAME: CHARLES ALLEY MEMORIAL PARK

SIGNATURE OF OWNER  DATE

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319072
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319072 0000011200 LFCWS 0000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>KNOX AUTO LLC - PONTIAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4239912</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### TOTAL FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**Follow these important steps in completing this application**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** KNOX AUTO LLC - PONTIAC

**PWS ID:** OH4239912

**Contact NAME:** KNOX AUTO LLC

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
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<th>12/31/2019</th>
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<tr>
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<tr>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1319843 0000011200 LFCWS 0000000000 4</td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WOOY'S PUB AND GRUB
4216 AVIS ROAD
NEW ALBANY, OH 43054

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to:
     TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to
     http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WOOY'S PUB & GRUB
Contact NAME: WOOY'S PUB AND GRUB

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321084
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: KIRKS FARM MARKET
Contact NAME: THOMAS, LARRY

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319835
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: INDIAN RIDGE AREA-SOUTH PWS
Contact NAME: COLUMBUS AND FRANKLIN COUNTY METRO PA

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319739
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319739 0000011200 LFCWS 000000000 1
PARR ESTATES LTD
6106 BAUSCH ROAD
GALLOWAY, OH 43119

WATER SYSTEM INFORMATION

Name: PARR ESTATES LTD PWS
PWS ID: OH2552412
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 30
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

Pay this amount: $112.00

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: PARR ESTATES LTD PWS
Contact NAME: PARR ESTATES LTD

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320321
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

WINDING CREEK ESTATES, LLC
7925 ROCKY FORK ROAD
NEWARK, OH 43055

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: WINDING CREEK ESTATES</th>
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<tbody>
<tr>
<td>PWS ID: OH4500512</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 26</td>
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<td>Surface Water Source: No</td>
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FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

Attended is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WINDING CREEK ESTATES
Contact NAME: WINDING CREEK ESTATES, LLC

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321058
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: WILLOW RUN GOLF COURSE
PWS ID: OH4547212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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PAY FEES...
Please pay the required fee by check, money order or credit card.
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- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WILLOW RUN GOLF COURSE
Contact NAME: WILLOW RUN GOLF COURSE

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321055
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1321055 0000011200 LFCWS 000000000 3
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PATASKALA SHELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4561312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**CONFIRM THE WATER SYSTEM INFORMATION**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN**

Application MUST be signed and dated in the designated area below.

**PAY FEES**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** PATASKALA SHELL

**PWS ID:** OH4561312

**Contact NAME:** RHW INVESTMENTS, LLC

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320323 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
**NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

| Name: | DARBY NATURE CENTER PWS |
| PWS ID: | OH2568312 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

|劲 |劲 |劲 |劲 |劲 |劲 |劲 |劲 |

Pay this amount: $112.00

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: DARBY NATURE CENTER PWS

Contact NAME: COLUMBUS AND FRANKLIN COUNTY METRO PA

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319253 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**1 CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2 SIGN...**
Application MUST be signed and dated in the designated area below.

**3 PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**4 RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: DARBY CREEK GOLF COURSE
Contact NAME: DARBY CREEK GOLF COURSE

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019
**Revenue ID:** 1319252
**Amount Due:** $112.00
**Type Code:** LFCWS
**Transaction ID:** 1319252 0000011200 LFCWS 0000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

KENYON COLLEGE BFEC CLASSROOM
MAINT. DEPT. ATTN: MIKE ITSCHNER
302-B COLLEGE-PARK ST
GAMBIER, OH 43022

PUBLIC WATER SYSTEM LICENSE NOTICE

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: KENYON COLLEGE BROWN FAMILY ENVIRONMENTA</th>
<th>PWS ID: OH4240812</th>
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<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
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</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: KENYON COLLEGE BROWN FAMILY ENVIRONMENTA
Contact NAME: KENYON COLLEGE BFEC CLASSROOM

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319813 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BOB WARD CONSTRUCTION</th>
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<td>PWS ID:</td>
<td>OH2556712</td>
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<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2020**

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<th>Pay this amount: $112.00</th>
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**CONFIRM THE WATER SYSTEM INFORMATION...**

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IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BOB WARD CONSTRUCTION

Contact NAME: BOB WARD CONSTRUCTION

SIGNATURE OF OWNER __________________________ DATE _______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<th>Due Date:</th>
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<td>Type Code:</td>
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<tr>
<td>Transaction ID:</td>
<td>1318883 0000011200 LFCWS 0000000000</td>
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</tbody>
</table>

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FRANKLIN COUNTY ENGINEER - EMF PWS
Contact NAME: FRANKLIN COUNTY ENGINEER

SIGNATURE OF OWNER _______________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

<table>
<thead>
<tr>
<th>Name: FRANKLIN COUNTY ENGINEER - EMF PWS</th>
<th>PWS ID: OH2570718</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
<td></td>
</tr>
<tr>
<td>FEE FOR YEAR 2020</td>
<td>TOTAL</td>
</tr>
<tr>
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

FRANKLIN COUNTY ENGINEER
970 DUBLIN RD
COLUMBUS, OH 43215

---

Treasurer, State of Ohio. Please write the Revenue ID on your check.

Due Date: 12/31/2019
Revenue ID: 1319465
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319465 0000011200 LFCWS 000000000 1
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
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<tbody>
<tr>
<td>JOHNSON MOBILE HOME PARK</td>
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<table>
<thead>
<tr>
<th>PWS ID:</th>
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<tr>
<td>OH6502312</td>
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<table>
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<tr>
<th>System Type:</th>
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<tr>
<td>COMMUNITY</td>
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<tr>
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<table>
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<tr>
<th>Surface Water Source:</th>
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<tbody>
<tr>
<td>No</td>
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</table>

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### FEES FOR YEAR 2020

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<tbody>
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### CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

### IMPORTANT

Application MUST be signed and dated in the designated area below.

### PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

### RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** JOHNSON MOBILE HOME PARK  
**PWS ID:** OH6502312  
**Contact NAME:** JOHNSON MOBILE HOME PARK

**SIGNATURE OF OWNER**  
**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Pay to:  
Treasurer, State of Ohio  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019  
Revenue ID: 1319796  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

WATER SYSTEM INFORMATION

| Name:                | JOE CARSON MOTOR SALES PWS |
| PWS ID:             | OH2348712 |
| System Type:        | TRANSIENT NONCOMMUNITY |
| Number of Wells:    | 1 |
| Surface Water Source: | No |

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: JOE CARSON MOTOR SALES PWS
Contact NAME: JOE CARSON MOTOR SALES

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319792
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319792 0000011200 LFCWS 000000000 5
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FRATERNAL ORDER OF EAGLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4533012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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Pay this amount: **$112.00**

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**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** FRATERNAL ORDER OF EAGLES

**Contact NAME:** FRATERNAL ORDER OF EAGLES NO. 2801

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

<table>
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<th>Due Date:</th>
<th>12/31/2019</th>
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1319467 0000011200 LFCWS 000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
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3 PAY FEES...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: JESS HOWARD - KILOWATT CIRCLE PWS
PWS ID: OH2564412
Contact NAME: JESS HOWARD ELECTRIC

SIGNATURE OF OWNER _______________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319785
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319785 0000011200 LFCWS 000000000 4
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CROSSROADS AND PUB, LLC -
3017 MOUNTS ROAD
ALEXANDRIA, OH 43011

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: CROSSROADS PWS</td>
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<tr>
<td>PWS ID: OH4531312</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
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<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to:
  TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to
  http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

**SIGNATURE OF OWNER**

**DATE**

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<tr>
<td>Revenue ID: 1319235</td>
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<td>Type Code: LFCWS</td>
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</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CERTIFIED OIL CO.
949 KING AVENUE
COLUMBUS, OH 43212

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>JENKINS SUNOCO SERVICE STATION</th>
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<tr>
<td>PWS ID:</td>
<td>OH4542212</td>
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<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: JENKINS SUNOCO SERVICE STATION
PWS ID: OH4542212
Contact NAME: CERTIFIED OIL CO.

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319782
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**CONFIRM THE WATER SYSTEM INFORMATION...**
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CHEERS CHALET - HILLTOP PWS
PWS ID: OH2330012
Contact NAME: CHEERS CHALET

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319080 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319080 0000011200 LFCWS 0000000000 |

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<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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<tr>
<td>Name: CHEERS CHALET - HILLTOP PWS</td>
<td>Pay this amount: $112.00</td>
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</tr>
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<td>PWS ID: OH2330012</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attained is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.
**2020  PUBLIC WATER SYSTEM LICENSE NOTICE**

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PICKET FENCES MOBILE HOME COMMUNITY</th>
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<tr>
<td>PWS ID:</td>
<td>OH4901512</td>
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<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>22</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | $112.00 |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: PICKET FENCES MOBILE HOME COMMUNITY

Contact NAME: PICKET FENCES MOBILE HOME COMMUNITY

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320345 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320345 0000011200 LFCWS 000000000 5 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

VILLAGE CROSSING
LORA KING
2732 E HIGH ST
NEWARK, OH 43055

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: VILLAGE CROSSING PWS</th>
<th>PWS ID: OH4545712</th>
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<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
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</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
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<tbody>
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<td>Pay this amount:</td>
<td>$112.00</td>
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</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: VILLAGE CROSSING PWS PWS ID: OH4545712
Contact NAME: VILLAGE CROSSING

SIGNATURE OF OWNER ______________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320961
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320961 0000011200 LFCWS 000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JD EQUIPMENT INC PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2351312</td>
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<td>System Type :</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: **$112.00**

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** JD EQUIPMENT INC PWS

**PWS ID:** OH2351312

**Contact NAME:** MURPHY, NORMAN

**SIGNATURE OF OWNER** 

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

Pay date: 12/31/2019

Revenue ID: 1319776

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FROSTIES BAIT AND TACKLE
OWNER BERNIE HALL JR
14761 CROWNOVER MILL ROAD
NEW HOLLAND, OH 43145

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: FROSTIES BAIT AND TACKLE PWS
Contact NAME: FROSTIES BAIT AND TACKLE

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319478
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1319478 0000011200 LFCWS 0000000000 6
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

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   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
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4. RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: VAUGHN C. DARDING, D.C.  
PWS ID: OH4943712

Contact NAME: VAUGHN C. DARDING, D.C.

PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1320947  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1320939

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>VALLEY MOBILE HOME PARK</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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<tr>
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<tr>
<td>Pay this amount: $112.00</td>
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</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** VALLEY MOBILE HOME PARK

**Contact NAME:** VALLEY MOBILE HOME PARK

**SIGNATURE OF OWNER** ___________________________________________  **DATE** _______________________

Pay to: Treasurer, State of Ohio.  Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
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<tr>
<td>Transaction ID:</td>
<td>1320939 0000011200 LFCWS 000000000</td>
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</table>
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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<tbody>
<tr>
<td>1</td>
<td>CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778</td>
</tr>
<tr>
<td>2</td>
<td>SIGN... Application MUST be signed and dated in the designated area below.</td>
</tr>
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</table>
| 3    | PAY FEES... Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to: TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to http://epa.ohio.gov/ |
| 4    | RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below. |

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: JACKSON LAKE PARK - SNACK BAR
Contact NAME: JACKSON LAKE PARK - SNACK BAR

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319768
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PILOT TRAVEL CENTERS LLC
5508 LONAS ROAD
PO BOX 10146
KNOXVILLE, TN 37939-0146

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PILOT OIL CO-HEBRON 285</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4556412</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>2</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td><strong>$112.00</strong></td>
</tr>
</tbody>
</table>

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** PILOT OIL CO-HEBRON 285  
**PWS ID:** OH4556412

**Contact NAME:** PILOT TRAVEL CENTERS LLC

**SIGNATURE OF OWNER** ___________________________  **DATE** ___________________________

**Due Date:** 12/31/2019  
**Revenue ID:** 1320350  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

### WATER SYSTEM INFORMATION

Name: 4-H CAMP OHIO-CAMP  
PWS ID: OH4549612  
System Type: TRANSIENT NONCOMMUNITY  
Number of Wells: 2  
Surface Water Source: No

### FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

<table>
<thead>
<tr>
<th>Name: 4-H CAMP OHIO-CAMP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

1. CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

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Application MUST be signed and dated in the designated area below.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: 4-H CAMP OHIO-CAMP  
PWS ID: OH4549612  
Contact NAME: 4-H CAMP OHIO

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tr>
<td>Revenue ID:</td>
<td>1318682</td>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
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NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

PILOT TRAVEL CENTERS LLC
5508 LONAS ROAD
PO BOX 10146
KNOXVILLE, TN 37939-0146

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: PILOT TRAVEL CENTER 454</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4943312</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 2</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

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1. **CONFIRM THE WATER SYSTEM INFORMATION...**
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   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
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---

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: PILOT TRAVEL CENTER 454
Contact NAME: PILOT TRAVEL CENTERS LLC

---

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

<table>
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<tr>
<th>Due Date: 12/31/2019</th>
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<tr>
<td>Revenue ID: 1320351</td>
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<tr>
<td>Amount Due: $112.00</td>
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<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
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</table>
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A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: PINE HILL GOLF COURSE</td>
</tr>
<tr>
<td>PWS ID: OH2334112</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: PINE HILL GOLF COURSE
Contact NAME: PINE HILL GOLF COURSE

SIGNATURE OF OWNER ____________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320352
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: PINE LAKE ESTATES</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2334412</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PINE LAKE ESTATES
Contact NAME: PINE LAKE ESTATES

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320353 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>IRISH HILLS GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4234512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
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</table>

Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

### FEE PAYMENT

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
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     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** IRISH HILLS GOLF COURSE
**PWS ID:** OH4234512
**Contact NAME:** IRISH HILLS GOLF COURSE

**SIGNATURE OF OWNER** ____________________________ **DATE** __________________

Pay to:  **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.
This is a lockbox. Please do not send other correspondence to this address.

---

**Ohio EPA**
**PO BOX 77005**
**Cleveland, OH 44194-7005**

<table>
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<tr>
<th>Due Date</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID</td>
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<tr>
<td>Amount Due</td>
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<td>Type Code</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID</td>
<td>1319748 0000011200 LFCWS 000000000 0</td>
</tr>
</tbody>
</table>
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID: 1319745**

- No person shall operate or maintain a public water system in the State of Ohio without a public water system license.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.
- This is the only invoice your water system will receive.

**MERRILL, J. KENDALL**  
1601 THRAIKILL ROAD  
GROVE CITY, OH 43123

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: INSURANCE AUTO AUCTIONS INC PWS</th>
<th>PWS ID: OH2566712</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
<td></td>
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**FEES FOR YEAR 2020**  

<table>
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1. **CONFIRM THE WATER SYSTEM INFORMATION...**  
   Such as System Name, System Type, Mailing Address, and Fee Amount.  
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**  
   Importantly, Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**  
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   - Make check or money order payable to: TREASURER STATE OF OHIO  
   - For information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**  
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: INSURANCE AUTO AUCTIONS INC PWS  
PWS ID: OH2566712

**Contact NAME:** MERRILL, J. KENDALL

**SIGNATURE OF OWNER** ___________________________  
**DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: 12/31/2019 | Revenue ID: 1319745 | Amount Due: $112.00 | Type Code: LFCWS | Transaction ID: |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.  

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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.  

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TRUCKOMAT FUEL CENTER  
P.O. BOX 639  
WALCOTT, IA 52773

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...  
   Such as System Name, System Type, Mailing Address, and Fee Amount.  
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2 SIGN...  
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...  
   Please pay the required fee by check, money order or credit card.  
   - Make check or money order payable to: TREASURER STATE OF OHIO  
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...  
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: TRUCKOMAT FUEL CENTER  
Contact NAME: TRUCKOMAT FUEL CENTER  
PWS ID: OH4557112

SIGNATURE OF OWNER ___________________________ DATE _____________

Pay to: Treasurer, State of Ohio.  Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1320889  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE. A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE. IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE. THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BONNIE PLANTS INC.
1727 HIGHWAY 223
MARYSVILLE, OH 36089

WATER SYSTEM INFORMATION
Name: BONNIE PLANTS - MARYSVILLE PWS
PWS ID: OH8040314
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BONNIE PLANTS - MARYSVILLE PWS
Contact NAME: BONNIE PLANTS INC.

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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318889
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318889 0000011200 LFCWS 000000000 1
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TRILLIUM FARM HOLDINGS LLC -
10513 CROTON ROAD
JOHNSTOWN, OH 43031

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TRILLIUM FARMS LAYER 4 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4555912</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>60</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: TRILLIUM FARMS LAYER 4 PWS
Contact NAME: TRILLIUM FARM HOLDINGS LLC -

PWS ID: OH4555912

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320879
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TRILLIUM FARM HOLDINGS LLC -
10513 CROTON ROAD
JOHNSTOWN, OH 43031

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TRILLIUM FARMS LAYER 3 PWS PWS ID: OH4555812
Contact NAME: TRILLIUM FARM HOLDINGS LLC -

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320878
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HINEYS SALOON PWS
PWS ID: OH8039612
Contact NAME: HINEYS SALOON

SIGNATURE OF OWNER ___________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2019
Revenue ID: 1319675
Amount Due: $112.00
Type Code: LFCWS
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PAPA BOOS PWS
Contact NAME: PAPA BOOS

SIGNATURE OF OWNER ___________________________________________ DATE ______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

<table>
<thead>
<tr>
<th>Water System Information</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: PAPA BOOS PWS</td>
<td>Pay this amount: $112.00</td>
</tr>
<tr>
<td>PWS ID: OH4531412</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fees for Year 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td></td>
</tr>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td></td>
</tr>
</tbody>
</table>

Due Date: 12/31/2019
Revenue ID: 1320304
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320304 0000011200 LFCWS 000000000 4
**NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUNSET MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6502412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>25</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**TREASURER, STATE OF OHIO**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1320724</td>
</tr>
<tr>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WALNUT LAKE CAMPGROUND
STACY EVERHART
432 EARL AVE
WASHINGTON COURT HOUSE, OH 43160

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WALNUT LAKE CAMPGROUND
Contact NAME: WALNUT LAKE CAMPGROUND

SIGNATURE OF OWNER  ___________________________  DATE  ______________

Pay to:  Treasurer, State of Ohio.  Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date:  12/31/2019
Revenue ID:  1320982
Amount Due:  $112.00
Type Code:  LFCWS
Transaction ID:  

1320982 0000011200 LFCWS 000000000 3
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BUCKEYE LAKE MHP, LLC
111 2ND AVENUE NE, STE. 202-B
ST PETERSBURG, FL 33701

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LEISURE VILLAGE MHP 2 PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4505512</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 260</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

SIGN...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LEISURE VILLAGE MHP 2 PWS
Contact NAME: BUCKEYE LAKE MHP, LLC

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2019
Revenue ID: 1321555
Amount Due: $499.20
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SANITARY DISTRICT #4
Contact NAME: SANITARY DISTRICT 4

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2019
Revenue ID: 1322077
Amount Due: $5,180.00
Type Code: LFCWS
Transaction ID: 1322077 0000518000 LFCWS 000000000 7