**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.

### CLEVELAND DEPARTMENT OF PUBLIC UTILITIES
**COMMISSIONER OF WATER**
1201 LAKESIDE AVE, 4TH FLOOR S
CLEVELAND, OH 44114

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: CLEVELAND PUBLIC WATER SYSTEM</th>
<th>PWS ID: OH1801212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 453705</td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td>Surface Water Source: 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.**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $344,815.80</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.**

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CLEVELAND PUBLIC WATER SYSTEM
Contact NAME: CLEVELAND DEPARTMENT OF PUBLIC 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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID: 1322256</td>
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<tr>
<td>Amount Due: $344,815.80</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</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.

## 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

| Invoice/Revenue ID: 1322252 |

- **AKRON, CITY OF - WATER SUPPLY - FE**
  1570 RAVENNA ROAD
  KENT, OH 44240

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: AKRON CITY PWS</th>
<th>PWS ID: OH7700011</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 95061</td>
</tr>
<tr>
<td>Surface Water Source: Yes</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: | $87,456.12 |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** AKRON CITY PWS

**Contact NAME:** AKRON, CITY OF - WATER SUPPLY - FE

**PWS ID:** OH7700011

---

**SIGNATURE OF OWNER**

**DATE**

---

Pay to: **Treasurer, 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 |
| Revenu ID: | 1322252 |
| Amount Due: | $87,456.12 |
| 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: YOUNGSTOWN CITY PWS</th>
<th>PWS ID: OH5002303</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 52100</td>
</tr>
<tr>
<td>Surface Water Source: Yes</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>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $47,932.00</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.

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** YOUNGSTOWN CITY PWS  
**PWS ID:** OH5002303  
**Contact NAME:** YOUNGSTOWN, CITY OF

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: 12/31/2019 |
| Revenue ID: 1322249 |
| Amount Due: $47,932.00 |
| Type Code: LFCWS |
| Transaction ID: |

---

1322249 0004793200 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.

## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CANTON PUBLIC WATER SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7608112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>40978</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>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>
<tr>
<td>Pay this amount: $42,617.12</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CANTON PUBLIC WATER SYSTEM  

PWS ID: OH7608112

Contact NAME: CANTON WATER DEPT, 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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<tr>
<th>Due Date:</th>
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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></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.

NUTTER, KEITH  
870 THIRD ST NW  
MASSILLON, OH 44647

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>AQUA OHIO - MASSILLON PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7604512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>39195</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: $40,762.80

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 - MASSILLON PWS

Contact NAME: NUTTER, KEITH

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322244
Amount Due: $40,762.80
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.

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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>AQUA OHIO - MENTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4301511</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>31689</td>
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<tr>
<td>Surface Water Source:</td>
<td>Yes</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.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$32,956.56</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.

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

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

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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: AQUA OHIO - MENTOR
Contact NAME: BOWERS, WILLIAM

SIGNATURE OF OWNER __________________________ DATE _____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>1322243</td>
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<tr>
<td>Amount Due:</td>
<td>$32,956.56</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**LAKE COUNTY DEPT OF UTILITIES**
**LAKE COUNTY DEPT OF UTILITIES**
105 MAIN STREET, PO BOX 490
PAINESVILLE, OH 44077

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKE COUNTY WEST WATER SUBDISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4302411</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>29867</td>
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<td>Surface Water Source:</td>
<td>Yes</td>
</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.

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: $31,061.68

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKE COUNTY WEST WATER SUBDISTRICT
Contact NAME: LAKE COUNTY DEPT OF UTILITIES

**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: 1322242
Amount Due: $31,061.68
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LORAIN CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4700711</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>26519</td>
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<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$27,579.76</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 Northeast District Office - DDAGW at 330-963-1200

**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: LORAIN CITY PWS  
Contact NAME: LORAIN, 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: 1322241

Amount Due: $27,579.76

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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WALDECKER, JOE**  
42401 STATE ROUTE 303  
LAGRANGE, OH 44050

---

**WATER SYSTEM INFORMATION**

| Name             | RURAL LORAIN CO. WATER A  
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH4701803</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections</td>
<td>22500</td>
</tr>
</tbody>
</table>
| Surface Water Source | Yes  

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $24,750.00</th>
</tr>
</thead>
</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.

---

1. **CONFIRM THE WATER SYSTEM INFORMATION...**  
   - Such as System Name, System Type, Mailing Address, and Fee Amount.  
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** RURAL LORAIN CO. WATER A  
**Contact NAME:** WALDECKER, JOE

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Revenue ID: | 1322235  
|-------------|----------|
| Amount Due: | $24,750.00  
| 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: WARREN CITY PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7803811</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 22500</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.

Confirmed fee: Pay this amount: $24,750.00

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WARREN CITY PWS  PWS ID: OH7803811
Contact NAME: WARREN, 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: | 1322236 |
| Amount Due: | $24,750.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1322236 0002475000 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ELYRIA WATER DEPARTMENT</th>
<th>PWS ID: OH4700411</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 21950</td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td>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.</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>$24,145.00</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:** ELYRIA WATER DEPARTMENT  
**PWS ID:** OH4700411  
**Contact NAME:** ELYRIA WATER DEPARTMENT

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, 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:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1322234</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$24,145.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
</tbody>
</table>

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
AQUA OHIO - STRUTHERS
ATTN: JENNIFER JOHNSON
100 SOUTH BRIDGE STREET, BUILDING N
STRUTHERS, OH 44471

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

ATTACH THIS 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 - STRUTHERS
Contact NAME: AQUA OHIO - STRUTHERS

SIGNATURE OF OWNER ________________________________ DATE _________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322232
Amount Due: $22,654.50
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CUYAHOGA FALLS CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH7701012</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 18489</td>
</tr>
<tr>
<td>Surface Water Source: 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>
<tr>
<td>Pay this amount: $20,337.90</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: CUYAHOGA FALLS CITY PWS  
PWS ID: OH7701012

Contact NAME: CUYAHOGA FALLS, CITY 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>
<tr>
<th>Due Date: 12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1322228</td>
</tr>
<tr>
<td>Amount Due: $20,337.90</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</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.

MEDINA COUNTY SANITARY ENGINEERS
PO BOX 542
MEDINA, OH 44258

WATER SYSTEM INFORMATION
Name: MEDINA CO/NORTHWEST PWS
PWS ID: OH5201903
System Type: COMMUNITY
Number of Service Connections: 16845
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: $18,529.50

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MEDINA CO/NORTHWEST PWS
Contact NAME: MEDINA COUNTY SANITARY ENGINEERS

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322226
Amount Due: $18,529.50
Type Code: LFCWS
Transaction ID:
## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKEWOOD CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1801003</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>14623</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.

<table>
<thead>
<tr>
<th>Total</th>
<th>Pay this amount: $16,962.68</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.

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** LAKEWOOD CITY PWS

**Contact NAME:** LAKEWOOD, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1322220</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$16,962.68</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1322220 0001646268 LFCWS 0000000000</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 - ASHTABULA
Contact NAME: FLAHIFF, JOSEPH

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, 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: 1322212
Amount Due: $15,350.28
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>STOW PUBLIC WATER SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7704503</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>13000</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.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount:</td>
</tr>
<tr>
<td></td>
<td>$15,080.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: STOW PUBLIC WATER SYSTEM

Contact NAME: STOW, 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: | 1322211 |
| Amount Due: | $15,080.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1322211 0001508000 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

| Name: | NORTH RIDGEVILLE CITY PWS |
| PWS ID: | OH4700803 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 13000 |
| 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: | $15,080.00 |

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 RIDGEVILLE CITY PWS
Contact NAME: NORTH RIDGEVILLE, 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: | 1322210 |
| Amount Due: | $15,080.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1322210 0001508000 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.

BARBERTON, CITY OF
3365 SUMMIT ROAD
NORTON, OH 44203

WATER SYSTEM INFORMATION
Name: BARBERTON CITY
PWS ID: OH7700411
System Type: COMMUNITY
Number of Service Connections: 11700
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: $13,572.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BARBERTON CITY
Contact NAME: BARBERTON, 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: 1322203
Amount Due: $13,572.00
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.

---

WOOSTER, CITY OF
538 N MARKET STREET
WOOSTER, OH 44691

---

WATER SYSTEM INFORMATION

Name: WOOSTER CITY PWS
PWS ID: OH8504512
System Type: COMMUNITY
Number of Service Connections: 9911
Surface Water Source: No

---

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Description</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:</td>
<td>$13,280.74</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

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: WOOSTER CITY PWS
PWS ID: OH8504512
Contact NAME: WOOSTER, 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: 1322201
Amount Due: $13,280.74
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.

LAKE COUNTY EAST WATER SUBDISTRICT
LAKE COUNTY DEPT. OF UTILITIES
105 MAIN STREET, PO BOX 490
PAINESVILLE, OH 44077-0490

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKE COUNTY EAST WATER SUBDISTRICT
Contact NAME: LAKE COUNTY EAST WATER SUBDISTRICT
PWS ID: OH4302911

SIGNATURE OF OWNER _______________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322200
Amount Due: $13,224.00
Type Code: LFCWS
Transaction ID:

1322200 0001322400 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: WADSWORTH CITY PWS</th>
<th>PWS ID: OH5201712</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 9844</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></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $13,190.96</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.

## 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** WADSWORTH CITY PWS  
**PWS ID:** OH5201712

**Contact NAME:** WADSWORTH, 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.

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
<th>Revenue ID: 1322199</th>
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</thead>
<tbody>
<tr>
<td>Amount Due: $13,190.96</td>
<td>Type Code: LFCWS</td>
</tr>
</tbody>
</table>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ALLIANCE CITY PWS</th>
<th>PWS ID: OH7600011</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 9750</td>
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<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $13,065.00</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>

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

Due Date: 12/31/2019
Revenue ID: 1322198
Amount Due: $13,065.00
Type Code: LFCWS
Transaction ID: 1322198 0001306500 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.

AVON, CITY OF
35030 DETROIT ROAD
AVON, OH 44011

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: AVON CITY PWS
Contact NAME: AVON, 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: 1322192
Amount Due: $12,395.00
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.

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.

PAINESVILLE, CITY OF
7 RICHMOND STREET, PO BOX 601
PAINESVILLE, OH 44077

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PAINESVILLE CITY PWS
Contact NAME: PAINESVILLE, 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.

Pay to:
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322190
Amount Due: $12,344.72
Type Code: LFCWS
Transaction ID: 1322190 0001234472 LFCWS 0000000001
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>NILES CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7802403</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>9179</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.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$12,299.86</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** NILES CITY PWS

**Contact NAME:** NILES, 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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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1322189</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$12,299.86</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></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**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NORTH CANTON CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7604312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>9010</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>

**TOTAL**

Pay this amount: $12,073.40

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 CANTON CITY PWS

**PWS ID:** OH7604312

**Contact NAME:** NORTH CANTON, 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: 1322186

Amount Due: $12,073.40

Type Code: LFCWS

Transaction ID:
AVON LAKE, CITY OF AVON LAKE MUNICIPAL UTILITIES
201 MILLER ROAD
AVON LAKE, OH 44012

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: AVON LAKE CITY PWS
PWS ID: OH4700311
Contact NAME: AVON LAKE, CITY 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: 1322180
Amount Due: $11,635.22
Type Code: LFCWS
Transaction ID:
MEDINA, CITY OF
PO BOX 703
MEDINA, OH 44258

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: MEDINA CITY PWS
PWS ID: OH5200514
System Type: COMMUNITY
Number of Service Connections: 8303
Surface Water Source: Yes

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MEDINA CITY PWS
Contact NAME: MEDINA, 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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322178
Amount Due: $11,126.02
Type Code: LFCWS
Transaction ID: 1322178 000112602 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.

Berea, City of
11 Berea Commons
Finance Department-Water Plant
Berea, OH 44017

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Berea City PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1800111</td>
</tr>
<tr>
<td>System Type:</td>
<td>Community</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>6998</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.

| Pay this amount: | $9,937.16 |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

The invoice shown is the only invoice your water system will receive.

---

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

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

**PWS NAME:** Berea City PWS

**Contact NAME:** Berea, 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>1322160</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$9,937.16</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1322160 0000993716 LFCWS 0000000000</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.

SALEM, CITY OF-UTILITIES
231 SOUTH BROADWAY AVENUE
SALEM, OH 44460

WATER SYSTEM INFORMATION
Name: SALEM CITY
PWS ID: OH1502011
System Type: COMMUNITY
Number of Service Connections: 6882
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: $9,772.44

ATTACHED IS A HANDBOOK 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...
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: SALEM CITY
Contact NAME: SALEM, CITY OF-UTILITIES
PWS ID: OH1502011

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322157
Amount Due: $9,772.44
Type Code: LFCWS
Transaction ID: 1322157 0000977244 LFCWS 0000000000 8
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.

KENT, CITY OF
BUDGET & FIANANCE
930 OVERHOLT RD.
KENT, OH 44240

WATER SYSTEM INFORMATION

Name: KENT CITY PWS
PWS ID: OH6701812
System Type: COMMUNITY
Number of Service Connections: 6824
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: $9,690.08

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KENT CITY PWS
Contact NAME: KENT, CITY OF

SIGNATURE OF OWNER

Due Date: 12/31/2019
Revenue ID: 1322155
Amount Due: $9,690.08
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GIRARD CITY PWS  PWS ID: OH7801103
Contact NAME: GIRARD, 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: 1322150
Amount Due: $9,230.00
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 THEOWNER 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: AMHERST CITY PWS</th>
<th>AMHERST CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH4700003</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 6100</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</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. |
| Attach this 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: $8,662.00 |

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

---

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

**PWS NAME:** AMHERST CITY PWS

**Contact NAME:** AMHERST, CITY 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

<table>
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<tr>
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<tbody>
<tr>
<td>Revenue ID: 1322147</td>
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<tr>
<td>Amount Due: $8,662.00</td>
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<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TALLMADGE CITY PWS
Contact NAME: TALLMADGE, 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: 1322144
Amount Due: $8,524.26
Type Code: LFCWS
Transaction ID: 

1322144 0000852426 LFCWS 00000000007
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>AURORA CITY - CLEVELAND PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6789112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>5638</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.

| Pay this amount: | $8,005.96 |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** AURORA CITY - CLEVELAND PWS  
**PWS ID:** OH6789112  
**Contact NAME:** AURORA, 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: | 1322137 |
| Amount Due: | $8,005.96 |
| Type Code: | LFCWS |
| Transaction ID: | 1322137 0000800596 |
**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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>RAVENNA CITY PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6703211</td>
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<tr>
<td>System Type:</td>
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<td>Number of Service Connections:</td>
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<td>Surface Water Source:</td>
<td>Yes</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: $7,866.80</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:** RAVENNA CITY PWS

**Contact NAME:** RAVENNA, 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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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1322134</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$7,866.80</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID: 1322132**

- 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>ASHTABULA COUNTY WATER SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0400803</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>5500</td>
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<td>Surface Water Source:</td>
<td>Yes</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: $7,810.00</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 Northeast District Office - DDAGW at 330-963-1200.

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: ASHTABULA COUNTY WATER SYSTEM  
Contact NAME: ASHTABULA COUNTY DEPT OF ENV SERVICES  
PWS ID: OH0400803  

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

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on 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>1322132</td>
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<tr>
<td>Amount Due:</td>
<td>$7,810.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>

1322132 0000781000 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.

EAST LIVERPOOL, CITY OF
P.O. BOX 20
EAST LIVERPOOL, OH 43920

WATER SYSTEM INFORMATION

Name: EAST LIVERPOOL CITY
PWS ID: OH1500811
System Type: COMMUNITY
Number of Service Connections: 5305
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: $7,533.10

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: EAST LIVERPOOL CITY
Contact NAME: EAST LIVERPOOL, 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: 1322127
Amount Due: $7,533.10
Type Code: LFCWS
Transaction ID: 1322127 0000753310 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.

---

**CONNEAUT, CITY OF**

**CITY MANAGER**

**294 MAIN STREET**

**CONNEAUT, OH 44030**

---

**WATER SYSTEM INFORMATION**

| Name: | CONNEAUT |
| PWS ID: | OH0400411 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 5067 |
| 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>$7,195.14</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** CONNEAUT

**Contact NAME:** CONNEAUT, 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:** 1322120

**Amount Due:** $7,195.14

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BEDFORD CITY PWS
Contact NAME: BEDFORD, 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: 1322118
Amount Due: $7,136.92
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.

---

**STREETSBORO, CITY OF**

2094 SR 303

BILL MILLER

STREETSBORO, OH 44241

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: STREETSBORO CITY PWS</th>
<th>PWS ID: OH6705003</th>
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</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 4735</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</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.

**TOTAL**

Pay this amount: $7,007.80

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.

---

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

---

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

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

PWS NAME: STREETSBORO CITY PWS

Contact NAME: STREETSBORO, 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

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<tr>
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<tbody>
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<tr>
<td>Amount Due:</td>
<td>$7,007.80</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
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<td>Transaction ID:</td>
<td>1322116 0000700780 LFCWS 000000000 5</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.

BUCKEYE WATER DISTRICT
P.O. BOX 105
WELLSVILLE, OH 43968

WATER SYSTEM INFORMATION

Name: BUCKEYE WATER DISTRICT - OHIO RIVER
PWS ID: OH1502911
System Type: COMMUNITY
Number of Service Connections: 4242
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: $6,278.16

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 WATER DISTRICT - OHIO RIVER
Contact NAME: BUCKEYE 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.

Due Date: 12/31/2019
Revenue ID: 1322100
Amount Due: $6,278.16
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.

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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.

MEAD, RICHARD
134 MAPLE STREET
P.O. BOX 1267
ANDOVER, OH 44003

WATER SYSTEM INFORMATION
Name: ANDOVER-CAMPLANDS WATER
PWS ID: OH0400212
System Type: COMMUNITY
Number of Service Connections: 4175
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: | $6,179.00 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ANDOVER-CAMPLANDS WATER PWS ID: OH0400212
Contact NAME: MEAD, RICHARD

SIGNATURE OF OWNER __________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322098
Amount Due: $6,179.00
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.

UNIVERSITY HOSPITALS
11100 EUCLID AVENUE
MAILSTOP MCCO 6036A
CLEVELAND, OH 44106

WATER SYSTEM INFORMATION
Name: UNIVERSITY HOSPITALS PWS
PWS ID: OH1841113
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 12000
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: $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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: UNIVERSITY HOSPITALS PWS
Contact NAME: UNIVERSITY HOSPITALS

SIGNATURE OF OWNER ____________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322092
Amount Due: $5,510.00
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.

HOLLYWOOD GAMING -
ATTN: TERRI STOFFEL
655 N CANFIELD-NILES RD
AUSTINTOWN, OH 44515

WATER SYSTEM INFORMATION
Name: HOLLYWOOD GAMING @ MVRC
PWS ID: OH5055013
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 7625
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: $5,510.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HOLLYWOOD GAMING @ MVRC
Contact NAME: HOLLYWOOD GAMING -

SIGNATURE OF OWNER ____________________________ DATE __________

Due Date: 12/31/2019
Revenue ID: 1322090
Amount Due: $5,510.00
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

1322090 0000551000 LFCWS 0000000000
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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.
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2. SIGN...
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4. RETURN APPLICATION PROMPTLY...
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:        LOUISVILLE CITY PWS</td>
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</tr>
<tr>
<td>PWS ID:      OH7603012</td>
<td></td>
</tr>
<tr>
<td>System Type : COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 3717</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: $5,501.16

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.

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount:</td>
<td>$5,501.16</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: LOUISVILLE CITY PWS
Contact NAME: LOUISVILLE, CITY OF

SIGNATURE OF OWNER ___________________________ DATE __________

Due Date: 12/31/2019
Revenue ID: 1322089
Amount Due: $5,501.16
Type Code: LFCWS
Transaction ID: 

1322089 0000550116 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

Orrville, City of
300 mineral springs
Po box 107
Orrville, OH 44667

WATER SYSTEM INFORMATION

Name: Orrville City Pws
PWS ID: OH8502712
System Type: Community
Number of Service Connections: 3689
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: $5,459.72

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

If this information is incorrect contact Northeast District Office - Ddagw at 330-963-1200

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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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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TRUMBULL CO.-SOUTHEAST PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
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<td>Surface Water Source:</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>
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</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
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</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:** TRUMBULL CO.-SOUTHEAST PWS

**PWS ID:** OH7803203

**Contact NAME:** MAIORANO, BOB

**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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<table>
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<th>12/31/2019</th>
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<td>Amount Due:</td>
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<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.

EIGLER, KEVIN
8116 INFIRMARY ROAD
RAVENNA, OH 44266

WATER SYSTEM INFORMATION
Name: PORTAGE COUNTY WATER RESOURCES
PWS ID: OH6702812
System Type: COMMUNITY
Number of Service Connections: 3594
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: | $5,319.12 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PORTAGE COUNTY WATER RESOURCES
Contact NAME: EIGLER, KEVIN

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322079
Amount Due: $5,319.12
Type Code: LFCWS
Transaction ID:
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HUBBARD CITY PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7801415</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>3571</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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</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.

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

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

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** HUBBARD CITY PWS

**Contact NAME:** HUBBARD, 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: | 1322078 |
| Amount Due: | $5,285.08 |
| Type Code: | LFCWS |
| Transaction ID: | 1322078 0000528508 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

SHEFFIELD LAKE, CITY OF
4750 RICHELIEU AVENUE
SHEFFIELD LAKE, OH 44054

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SHEFFIELD LAKE CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4701103</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3430</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</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:</td>
</tr>
</tbody>
</table>

Pay this amount: $5,076.40

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 FEES...

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

- 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: SHEFFIELD LAKE CITY PWS
Contact NAME: SHEFFIELD LAKE, 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: | 1322073 |
| Amount Due: | $5,076.40 |
| 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CANFIELD CITY PWS
Contact NAME: CANFIELD, 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.

Pay to:
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.

HUDDSON, CITY OF  
PUBLIC WATER DEPARTMENT  
1769 GEORGETOWN RD  
HUDSON, OH 44236  

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: HUDSON CITY PWS</td>
<td>Pay this amount: $4,963.92</td>
</tr>
<tr>
<td>PWS ID: OH7701612</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 3354</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.

1 CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HUDSON CITY PWS  
Contact NAME: HUDSON, 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: 12/31/2019</th>
<th>Revenue ID: 1322070</th>
</tr>
</thead>
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<tr>
<td>Amount Due: $4,963.92</td>
<td>Type Code: 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.

---

CAMPBELL, CITY OF
351 TENNEY AVE
CAMPBELL, OH 44405

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMPBELL CITY PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5000411</td>
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<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>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.

Pay this amount: $4,736.00

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: | 1322063 |
| Amount Due: | $4,736.00 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SEBRING VILLAGE PWS
Contact NAME: SEBRING, 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

<table>
<thead>
<tr>
<th>Pay this amount:</th>
<th>$4,680.96</th>
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<tbody>
<tr>
<td>Name:</td>
<td>SEBRING VILLAGE PWS</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH5001911</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2438</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
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</table>

Due Date: 12/31/2019
Revenue ID: 1322060
Amount Due: $4,680.96
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.

MAIORANO, BOB
842 YOUNGSTOWN-KINGSVILLE RD NE
VIENNA, OH 44473

WATER SYSTEM INFORMATION
Name: TRUMBULL CO. - BAZETTA/CHAMPION
PWS ID: OH7804303
System Type: COMMUNITY
Number of Service Connections: 3108
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>Name</th>
<th>PWS ID</th>
<th>System Type</th>
<th>Number of Service Connections</th>
<th>Surface Water Source</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUMBULL CO. - BAZETTA/CHAMPION</td>
<td>OH7804303</td>
<td>COMMUNITY</td>
<td>3108</td>
<td>Yes</td>
<td>$4,599.84</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: $4,599.84

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TRUMBULL CO. - BAZETTA/CHAMPION
PWS ID: OH7804303
Contact NAME: MAIORANO, BOB

SIGNATURE OF OWNER ___________________________ DATE _____________

Pay to: Treasurer, 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>Due Date:</th>
<th>12/31/2019</th>
</tr>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1322056</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$4,599.84</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
**SIGNED APPLICATION**

**MAIORANO, BOB**
842 YOUNGSTOWN-KINGSVILLE RD NE
VIENNA, OH 44473

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>TRUMBULL CO.-HOWLAND TWP PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH7806303</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>2388</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. | Pay this amount: | $4,584.96 |

**TOTAL**

**ATTACHED**

A 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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TRUMBULL CO.-HOWLAND TWP PWS

Contact NAME: MAIORANO, BOB

SIGNATURE OF OWNER: ___________________________ DATE: ____________

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on 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>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>
</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.

---

COLUMBIANA, CITY OF
28 WEST FRIEND STREET
COLUMBIANA, OH 44408

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>COLUMBIANA CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1500312</td>
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<td>System Type:</td>
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<td>Surface Water Source:</td>
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</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>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,518.44</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: COLUMBIANA CITY PWS

Contact NAME: COLUMBIANA, 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: 1322052
Amount Due: $4,518.44
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>CORTLAND CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type</td>
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<td>2922</td>
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<td>Surface Water Source:</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.

Pay this amount: **$4,324.56**

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.

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** CORTLAND CITY PWS

**Contact NAME:** CORTLAND, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1322041</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$4,324.56</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</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**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CANAL FULTON CITY PWS</th>
<th>PWS ID: OH7600912</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 2125</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: $4,080.00</td>
</tr>
</tbody>
</table>

**ATTACH 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:** CANAL FULTON CITY PWS

**Contact NAME:** CANAL FULTON, CITY 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.

<table>
<thead>
<tr>
<th>Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.</th>
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</thead>
<tbody>
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<tr>
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</tr>
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</table>

**Ohio EPA**

**PO BOX 77005**

Cleveland, OH 44194-7005

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

**Revenue ID:** 1322027

**Amount Due:** $4,080.00

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SHEFFIELD VILLAGE PWS
Contact NAME: SHEFFIELD, 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: | 1322026 |
| Amount Due: | $4,070.40 |
| Type Code: | LFCWS |
| Transaction ID: | 1322026 0000407040 LFCWS 000000000 9 |
**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
<th>EAST PALESTINE VILLAGE PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
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</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>2100</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: $4,032.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** EAST PALESTINE VILLAGE PWS  
**PWS ID:** OH1500912

**Contact NAME:** EAST PALESTINE, 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: | 1322023  
| Amount Due: | $4,032.00  
| Type Code: | LFCWS  
| Transaction ID: | 1322023 0000403200 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.

CHARDON, CITY OF
DIRECTOR OF FINANCE
111 WATER STREET
CHARDON, OH 44024-1201

<table>
<thead>
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<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: CHARDON CITY PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2800412</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 2076</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: $3,985.92

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHARDON CITY PWS
Contact NAME: CHARDON, 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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322021
Amount Due: $3,985.92
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.

**OBERLIN FINANCE DEPARTMENT**

69 SOUTH MAIN STREET
OBERLIN, OH 44074

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>OBERLIN WATER DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4700911</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2593</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount:</th>
</tr>
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<tbody>
<tr>
<td>$3,837.64</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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** OBERLIN WATER DEPARTMENT

**Contact NAME:** OBERLIN FINANCE DEPARTMENT

**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>
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<td>Type Code:</td>
<td>LFCWS</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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1322011

- **GENEVA, CITY OF**
  - 44 N. FOREST STREET
  - GENEVA, OH 44041

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GENEVA CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0401712</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2579</td>
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<td>Surface Water Source:</td>
<td>Yes</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>
<th><strong>TOTAL</strong></th>
</tr>
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<tbody>
<tr>
<td>Pay this amount:</td>
<td><strong>$3,816.92</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

DETACH THIS 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 CITY PWS

**Contact NAME:** GENEVA, 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: | 1322011 |
| Amount Due: | $3,816.92 |
| Type Code: | LFCWS |
| Transaction ID: | 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

STARK COUNTY WATER DISTRICT
P.O. BOX 9972
CANTON, OH 44711-9972

WATER SYSTEM INFORMATION

Name: STARK COUNTY WATER DISTRICT
PWS ID: OH7607303
System Type: COMMUNITY
Number of Service Connections: 2575
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: $3,811.00

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: STARK COUNTY WATER DISTRICT
Contact NAME: STARK COUNTY WATER DISTRICT

Due Date: 12/31/2019
Revenue ID: 1322009
Amount Due: $3,811.00
Type Code: LFCWS
Transaction ID: 1322009 0000381100 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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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: RITTMAN CITY PWS</th>
<th>PWS ID: OH8503012</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</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: $3,788.80</td>
</tr>
</tbody>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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   - 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: RITTMAN CITY PWS

Contact NAME: RITTMAN, 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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<tr>
<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID: 0000000000 8</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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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHAGRIN FALLS VILLAGE PWS
Contact NAME: CHAGRIN FALLS, 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.

<table>
<thead>
<tr>
<th>DDAGW PW- Public Water System License to Operate (LFCWS)</th>
<th>PWS NAME: CHAGRIN FALLS VILLAGE PWS</th>
<th>Contact NAME: CHAGRIN FALLS, VILLAGE OF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: CHAGRIN FALLS VILLAGE PWS</td>
<td>Pay this amount:</td>
</tr>
<tr>
<td>PWS ID: OH1800212</td>
<td>$3,701.48</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 2501</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
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</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>Pay this amount: $3,701.48</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>

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

Due Date: 12/31/2019
Revenue ID: 1322002
Amount Due: $3,701.48
Type Code: LFCWS
Transaction ID: 1322002 0000370148 LFCWS 0000000001
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WELLINGTON VILLAGE PWS
Contact NAME: HALES, VANYA

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322000
Amount Due: $3,674.88
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.

---

MUNROE FALLS, CITY OF
43 MUNROE FALLS AVENUE
MUNROE FALLS, OH 44262

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MUNROE FALLS CITY PWS
Contact NAME: MUNROE FALLS, 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: 1321998
Amount Due: $3,646.08
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CARROLLTON VILLAGE
Contact NAME: CARROLLTON, 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.

Due Date: 12/31/2019
Revenue ID: 1321988
Amount Due: $3,456.00
Type Code: LFCWS
Transaction ID: LFCWS

Pay to: Treasurer, 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: 1321988
Amount Due: $3,456.00
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.

LAKEMORE, VILLAGE OF
1400 MAIN ST
PO BOX 455
LAKEMORE, OH 44250

WATER SYSTEM INFORMATION

Name: LAKEMORE VILLAGE PWS
PWS ID: OH7701812
System Type: COMMUNITY
Number of Service Connections: 1800
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKEMORE VILLAGE PWS
Contact NAME: LAKEMORE, 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: 1321989
Amount Due: $3,456.00
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.

MINERVA, VILLAGE OF
PATTI WILLOUGHBY
209 NORTH MARKET STREET
MINERVA, OH 44657

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MINERVA VILLAGE PWS
Contact NAME: MINERVA, 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: 1321984
Amount Due: $3,356.16
Type Code: LFCWS
Transaction ID:

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MINERVA VILLAGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7603812</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 1748</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $3,356.16
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: MCDONALD VILLAGE PWS
PWS ID: OH7802003
System Type: COMMUNITY
Number of Service Connections: 1722
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>Description</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$3,306.24</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MCDONALD VILLAGE PWS
Contact NAME: MCDONALD, 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: | 1321979 |
| Amount Due: | $3,306.24 |
| Type Code: | LFCWS |
| Transaction ID: | 1321979 0000330624 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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>AQUA OHIO - MASURY</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7802711</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1646</td>
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<tr>
<td>Surface Water Source:</td>
<td>Yes</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:</td>
</tr>
<tr>
<td>$3,160.32</td>
</tr>
</tbody>
</table>

**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:** AQUA OHIO - MASURY
**Contact NAME:** AQUA OHIO, INC. - MASURY
**PWS ID:** OH7802711

**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: 1321970
Amount Due: $3,160.32
Type Code: LFCWS
Transaction ID:

---

1321970 0000316032 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LODI VILLAGE PWS
Contact NAME: LODI, 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: 1321969
Amount Due: $3,156.48
Type Code: LFCWS
Transaction ID: 1321969 000315648 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.

MEDINA COUNTY SANITARY ENGINEERS
PO BOX 542
MEDINA, OH 44258

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MEDINA CO/SOUTHERN WATER DIST PWS
Contact NAME: MEDINA COUNTY SANITARY ENGINEERS

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321968
Amount Due: $3,152.64
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: JACKSON/MILTON METRO WATER DISTRICT PWS
Contact NAME: MAHONING COUNTY SANITARY ENG DEPT

SIGNATURE OF OWNER __________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321966
Amount Due: $3,058.56
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.

**LISBON, VILLAGE OF**
**C/O BOARD OF PUBLIC AFFAIRS**
**203 N MARKET ST**
**LISBON, OH 44432**

**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: LISBON VILLAGE</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH1501512</td>
<td></td>
</tr>
<tr>
<td>System Type : COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 1500</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

**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: **$2,880.00**

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.

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

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

**PWS NAME:** LISBON VILLAGE  
**PWS ID:** OH1501512

**Contact NAME:** LISBON, 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>
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<td>Revenue ID:</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1321956 0000288000 LFCWS 000000000 3</td>
</tr>
</tbody>
</table>
**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.**

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

**FAIRPORT HARBOR, VILLAGE OF**
**220 THIRD STREET**
**FAIRPORT HARBOR, OH 44077**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FAIRPORT HARBOR VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4300411</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1491</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>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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

**Due Date:** 12/31/2019
**Revenue ID:** 1321955
**Amount Due:** $2,862.72
**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:** FAIRPORT HARBOR VILLAGE PWS
**PWS ID:** OH4300411
**Contact NAME:** FAIRPORT HARBOR 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

---

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1321955 0000286272 LFCWS 0000000001 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

NUTTER, KEITH
870 THIRD ST NW
MASSILLON, OH 44647

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>AQUA OHIO - MOHAWK PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1000812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1423</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>Pay this amount: $2,732.16</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 - MOHAWK PWS
Contact NAME: NUTTER, KEITH

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321939
Amount Due: $2,732.16
Type Code: LFCWS
Transaction ID:

1321939 0000273216 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.

---

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Name: AQUA OHIO - VILLAGE OF JEFFERSON
   - PWS ID: OH0401812
   - System Type: COMMUNITY
   - Number of Service Connections: 1423
   - Surface Water Source: Yes

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

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

3. **PAY FEES...**
   -Pay this amount: **$2,732.16**
   - Please pay the required fee by check, money order or credit card.
   - 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:** AQUA OHIO - VILLAGE OF JEFFERSON  
**PWS ID:** OH0401812

**Contact NAME:** FLAHIFF, JOSEPH

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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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</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MILLERSBURG VILLAGE PWS
PWS ID: OH3800912
System Type: COMMUNITY
Number of Service Connections: 1382
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: $2,653.44

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

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

SIGNATURE OF OWNER ___________________________ DATE _____________

Due Date: 12/31/2019
Revenue ID: 1321934
Amount Due: $2,653.44
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MADISON VILLAGE PWS
PWS ID: OH4300903
System Type: COMMUNITY
Number of Service Connections: 1363
Surface Water Source: Yes

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Name</th>
<th>MADISON VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH4300903</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections</td>
<td>1363</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>Yes</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.

**TOTAL**

Pay this amount: **$2,616.96**

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**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Type Code:</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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</table>
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1321931

- 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.

---

**DOYLESTOWN, VILLAGE OF**  
24 S PORTAGE ST  
DOYLESTOWN, OH 44230

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOYLESTOWN VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8500612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1356</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.  
| 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.  
| Pay this amount: $2,603.52 |

---

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

Such as System Name, System Type, Mailing Address, and Fee Amount.  
**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

---

**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:** DOYLESTOWN VILLAGE PWS   
**Contact NAME:** DOYLESTOWN, 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: | 1321931 |
| Amount Due: | $2,603.52 |
| 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LORDSTOWN VILLAGE PWS

Contact NAME: LORDSTOWN, 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: 1321927
Amount Due: $2,520.96
Type Code: LFCWS
Transaction ID:

1321927 0000252096 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

SEVILLE, VILLAGE OF
120 ROYAL CREST DRIVE
PO BOX 46
SEVILLE, OH 44273

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGNATURE OF OWNER ___________________________ DATE _____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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 this amount: $2,236.80

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: SEVILLE VILLAGE PWS
Contact NAME: SEVILLE, VILLAGE OF

Signature of Owner ___________________________ Date _____________

Fees for Year 2020

| Name: | SEVILLE VILLAGE PWS |
| PWS ID: | OH5201412 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 1165 |
| Surface Water Source: | No |

Pay this amount: $2,236.80

Due Date: 12/31/2019
Revenue ID: 1321908
Amount Due: $2,236.80
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.

---

**COLUMBIA EAST MHP LLC**  
7100 COLUMBIA RD  
OLMSTED TWP, OH 44138

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: COLUMBIA PARK WATER SYSTEM PWS</th>
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<tr>
<td>PWS ID: OH1841012</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 1138</td>
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<tr>
<td>Surface Water Source: Yes</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.

**TOTAL**

- 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:** $2,184.96

---

**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 Northeast District Office - DDAGW at 330-963-1200

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 PARK WATER SYSTEM PWS  
Contact NAME: COLUMBIA EAST MHP 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

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<tr>
<td>Transaction ID:</td>
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**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.

**MIDDLEFIELD, VILLAGE OF**
14860 N. STATE AVE.
P.O. BOX 1019
MIDDLEFIELD, OH 44062

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>MIDDLEFIELD VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2802012</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1100</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**

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: **$2,112.00**

---

**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:** MIDDLEFIELD VILLAGE PWS

**Contact NAME:** MIDDLEFIELD, 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

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321900 |
| Amount Due: | $2,112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321900 0000211200 LFCWS 000000000 8 |
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: | TRUMBULL CO.-MINERAL RIDGE PWS |
| PWS ID: | OH7803503 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 1094 |
| 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: | $2,100.48 |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TRUMBULL CO.-MINERAL RIDGE PWS  
PWS ID: OH7803503

Contact NAME: MAIORANO, BOB

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1321897  
Amount Due: $2,100.48  
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:       | SILVER LAKE VILLAGE PWS                           |
| PWS ID:     | OH7704303                                         |
| System Type | COMMUNITY                                          |
| Number of Service Connections: | 1067                                               |
| 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>Pay this amount:</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>
<td>$2,048.64</td>
</tr>
</tbody>
</table>

---

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321895 |
| Amount Due: | $2,048.64 |
| Type Code: | LFCWS |
| Transaction ID: | 1321895 0000204864 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.
- 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GRAFTON VILLAGE PWS
Contact NAME: GRAFTON 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: 1321893
Amount Due: $2,046.72
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GARRETTSVILLE VILLAGE PWS
Contact NAME: GARRETTSVILLE, 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: 1321888
Amount Due: $2,012.16
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>ROAMING SHORES VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0400611</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>980</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>
</table>

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

Attatched 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: $1,881.60

**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 Northeast Ohio District Office - DDAGW at 330-963-1200

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)

<table>
<thead>
<tr>
<th>PWS NAME:</th>
<th>ROAMING SHORES VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0400611</td>
</tr>
<tr>
<td>Contact NAME:</td>
<td>ROAMING SHORES, VILLAGE OF</td>
</tr>
</tbody>
</table>

**SIGNATURE OF OWNER ___________________________ DATE ___________________________**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321880 |
| Amount Due: | $1,881.60 |
| Type Code: | LFCWS |
| Transaction ID: | 1321880 0000188160 LFCWS 00000000 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAGRANGE VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4700603</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>880</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</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></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td>$1,689.60</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.

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: LAGRANGE VILLAGE PWS
Contact NAME: LAGRANGE, 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: 1321864
Amount Due: $1,689.60
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.

DALTON, VILLAGE OF
PO BOX 493
1 WEST MAIN ST.
DALTON, OH 44618

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DALTON VILLAGE PWS
Contact NAME: DALTON, 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: 1321857
Amount Due: $1,632.00
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.

CRESTON, VILLAGE OF
100 N MAIN ST
PO BOX 194
CRESTON, OH 44217

WATER SYSTEM INFORMATION
Name: CRESTON VILLAGE
PWS ID: OH8500312
System Type: COMMUNITY
Number of Service Connections: 842
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: $1,616.64

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CRESTON VILLAGE
Contact NAME: CRESTON, 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: 1321855
Amount Due: $1,616.64
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**

| Name: | BREWSTER VILLAGE PWS |
| PWS ID: | OH7600512 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 840 |
| 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: | $1,612.80 |

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.

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

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

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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: BREWSTER VILLAGE PWS

Contact NAME: BREWSTER, 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: 1321854
- Amount Due: $1,612.80
- 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.

BERLIN WATER COMPANY
PO BOX 402
BERLIN, OH 44610

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>BERLIN WATER COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3800012</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>833</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:</td>
<td>$1,599.36</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BERLIN WATER COMPANY

Contact NAME: BERLIN WATER 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: | 1321852 |
| Amount Due: | $1,599.36 |
| Type Code: | LFCWS |
| Transaction ID: | 1321852 0000159936 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: NAVARRE VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH7604112</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 810</td>
</tr>
<tr>
<td>Surface Water Source: 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: **$1,555.20**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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)

<table>
<thead>
<tr>
<th>PWS NAME: NAVARRE VILLAGE PWS</th>
<th>PWS ID: OH7604112</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact NAME: NAVARRE, VILLAGE OF</td>
<td></td>
</tr>
</tbody>
</table>

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>1321847</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$1,555.20</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1321847 0000155520 LFCWS 0000000000 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GEAUGA COUNTY-BAINBRIDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2804003</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>810</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></td>
<td>Pay this amount: $1,555.20</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.

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** GEAUGA COUNTY-BAINBRIDGE  
**PWS ID:** OH2804003  
**Contact NAME:** GEAUGA COUNTY-BAINBRIDGE WATER

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1321846  
Amount Due: $1,555.20  
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.

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 THEOWNER 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:** 1321838

---

**LEETONIA, VILLAGE OF**
**300 MAIN STREET**
**LEETONIA, OH 44431**

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LEETONIA VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1501412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>765</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</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: $1,468.80</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** LEETONIA VILLAGE PWS

**Contact NAME:** LEETONIA, 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: | 1321838 |
| Amount Due: | $1,468.80 |
| Type Code: | LFCWS |
| Transaction ID: | 1321838 0000146880 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TANGLEWOOD LAKE WATER CO
Contact NAME: TANGLEWOOD LAKE WATER 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: 1321834
Amount Due: $1,440.00
Type Code: LFCWS
Transaction ID:

1321834 0000144000 LFCWS 0000000000 5
**EAST CANTON, VILLAGE OF**
130 SOUTH CEDAR STREET
EAST CANTON, OH 44730

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: EAST CANTON VILLAGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7601503</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 742</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: $1,424.64

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.

---

**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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** EAST CANTON VILLAGE PWS

**PWS ID:** OH7601503

**Contact NAME:** EAST CANTON, 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: 1321829</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Due: $1,424.64</td>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>

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1321829 0000142464 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WINDHAM VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6704812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>720</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>
<tr>
<td>Pay this amount: $1,382.40</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: WINDHAM VILLAGE PWS

Contact NAME: WINDHAM, 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: 1321821
Amount Due: $1,382.40
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.

SOUTH AMHERST, VILLAGE OF
103 W MAIN ST
SOUTH AMHERST, OH 44001

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 Northeast District Office - DDAGW at 330-963-1200

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: SOUTH AMHERST VILLAGE PWS
Contact NAME: SOUTH AMHERST, 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: 1321815
Amount Due: $1,317.12
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.

SHREVE, VILLAGE OF
PO BOX 604
SHREVE, OH 44676-0604

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

1

SHREVE VILLAGE PWS
PWS ID: OH8503412
System Type: COMMUNITY
Number of Service Connections: 673
Surface Water Source: No

Pay this amount:
$1,292.16

2

SECRETARY NAME:

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: SHREVE VILLAGE PWS
Contact NAME: SHREVE, 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: 1321808
Amount Due: $1,292.16
Type Code: LFCWS
Transaction ID: 1321808 0000129216 LFCWS 000000000
**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.

---

### MAIORANO, BOB
842 YOUNGSTOWN-KINGSVILLE RD NE
VIENNA, OH 44473

---

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TRUMBULL CO.-MOSQUITO CREEK PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7806403</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>666</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>

Pay this amount: **$1,278.72**

---

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TRUMBULL CO.-MOSQUITO CREEK PWS
Contact NAME: MAIORANO, BOB

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321806 |
| Amount Due: | $1,278.72 |
| Type Code: | LFCWS |
| Transaction ID: | 1321806 0000127872 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.

**MCDONALDS - BAINBRIDGE**
7227 CHAGRIN ROAD
CHAGRIN FALLS, OH 44023

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MCDONALDS RESTAURANT - BAINBRIDGE PWS
- PWS ID: OH2853412
- System Type: NONCOMMUNITY NONTRANSIENT
- Population Served: 1530
- 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>Pay this amount: $1,268.00</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.

**PAYMENT INSTRUCTIONS**

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

- **PWS NAME:** MCDONALDS RESTAURANT - BAINBRIDGE PWS
- **PWS ID:** OH2853412
- **Contact NAME:** MCDONALDS - BAINBRIDGE

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321799 |
| Amount Due: | $1,268.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321799 0000126800 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.**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SMITHVILLE VILLAGE PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8503512</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>617</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.

<table>
<thead>
<tr>
<th>Pay this amount:</th>
<th>$1,184.64</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.

---

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
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   - **IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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/

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   - 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)

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SMITHVILLE VILLAGE PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8503512</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
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<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2020**

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**SIGNATURE OF OWNER**

**DATE**

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<td>Amount Due:</td>
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<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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: AQUA OHIO - BEECHCREST
Contact NAME: AQUA OHIO - BEECHCREST

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321774
Amount Due: $1,176.96
Type Code: LFCWS
Transaction ID: 1321774 0000117696 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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**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: WEST SALEM VILLAGE PWS
Contact NAME: WEST SALEM, 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
BURTON, VILLAGE OF
14588 W PARK STREET
PO BOX 408
BURTON, OH 44021

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>BURTON VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2800312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>591</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

PAY FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $1,134.72</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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>

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BURTON VILLAGE PWS
Contact NAME: BURTON, 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: 1321767
Amount Due: $1,134.72
Type Code: LFCWS
Transaction ID:

1321767 0000113472 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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MALVERN VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1000112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>572</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>

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** MALVERN VILLAGE PWS  
**PWS ID:** OH1000112

**Contact NAME:** MALVERN WATER DEPT, 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.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321764 |
| Amount Due: | $1,098.24 |
| Type Code: | LFCWS |

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

ANDOVER, VILLAGE OF
PO BOX 1267
ANDOVER, OH 44003

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: ANDOVER VILLAGE PWS</th>
<th>PWS ID: OH0400012</th>
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</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 535</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: $1,027.20

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: ANDOVER VILLAGE PWS
Contact NAME: ANDOVER, 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: 1321745
Amount Due: $1,027.20
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**PHEASANT RUN ASSOCIATION**
200 EASTLAKE DR
P.O. BOX 522
LAGRANGE, OH 44050

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PHEASANT RUN ASSOCIATION PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4701912</td>
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<tr>
<td>System Type:</td>
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<td>Number of Service Connections:</td>
<td>529</td>
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<td>Surface Water Source:</td>
<td>Yes</td>
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**FEES FOR YEAR 2020**

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<table>
<thead>
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<tbody>
<tr>
<td></td>
<td>Pay this amount:</td>
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<td></td>
<td>$1,015.68</td>
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**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:** PHEASANT RUN ASSOCIATION PWS

**Contact NAME:** PHEASANT RUN ASSOCIATION

**SIGNATURE OF OWNER** ___ DATE ___

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on 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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<tr>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1321742 0000101568 LFCWS 0000000000 3</td>
</tr>
</tbody>
</table>
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ORWELL, VILLAGE OF
ORWELL WATER DEPARTMENT
PO BOX 354
ORWELL, OH 44076

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>ORWELL VILLAGE PWS</th>
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<tbody>
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<td>PWS ID:</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>
<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

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<tbody>
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Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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SIGNATURE OF OWNER ___________________________ DATE ____________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321726
Amount Due: $956.16
Type Code: LFCWS
Transaction ID: LFCWS

1321726 0000095616 LFCWS 0000000000 8
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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MANTUA, VILLAGE OF
ATTN VILLAGE ADMINISTRATOR
PO BOX 775
MANTUA, OH 44255

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MANTUA VILLAGE PWs
Contact NAME: MANTUA, 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: 1321724
Amount Due: $950.40
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WAYNESBURG VILLAGE PWS

Contact NAME: WAYNESBURG, 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>1321721</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$933.12</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

APPLE CREEK, VILLAGE OF
PO BOX 208
APPLE CREEK, OH 44606

WATER SYSTEM INFORMATION

| Name:          | APPLE CREEK VILLAGE PWS |
| PWS ID:        | OH8500112               |
| System Type:   | COMMUNITY               |
| Number of Service Connections: | 486                   |
| 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.

Pay this amount: $933.12

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.

FEES FOR YEAR 2020

TOTAL

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321719
Amount Due: $933.12
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: APPLE CREEK VILLAGE PWS

Contact NAME: APPLE CREEK, VILLAGE OF

SIGNATURE OF OWNER __________________________ DATE __________________________
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: WINESBURG AREA DEVELOPMENT CORPORATION | PWS ID: OH3801412 |
| System Type: COMMUNITY | Number of Service Connections: 485 |
| 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.

### TOTAL

Pay this amount: $931.20

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: WINESBURG AREA DEVELOPMENT CORPORATION

Contact NAME: WINESBURG AREA DEVELOPMENT 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: | 1321718 |
| Amount Due: | $931.20 |
| Type Code: | LFCWS |
| Transaction ID: | 1321718 000093120 LFCWS 00000000 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** BEACH CITY VILLAGE PWS  
**PWS ID:** OH7600212

**Contact NAME:** BEACH 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.

<table>
<thead>
<tr>
<th>Pay to: Treasurer, State of Ohio.</th>
<th>Revenue ID: 1321690</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio EPA</td>
<td>Amount Due: $814.08</td>
</tr>
<tr>
<td>PO BOX 77005</td>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Cleveland, OH 44194-7005</td>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>

**Invoice/Revenue ID:** 1321690
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.

MAGNOLIA, VILLAGE OF
328 NORTH MAIN STREET
PO BOX 297
MAGNOLIA, OH 44643

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MAGNOLIA VILLAGE PWS</td>
</tr>
<tr>
<td>PWS ID: OH7603112</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 422</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>Pay this amount: $810.24</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: MAGNOLIA VILLAGE PWS
Contact NAME: MAGNOLIA, 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: 1321689
Amount Due: $810.24
Type Code: LFCWS
Transaction ID: 1321689 0000081024 LFCWS 0000000000 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.

MUSKINGUM WATERSHED CONS DIST
1319 THIRD ST, NW
PO BOX 349
NEW PHILADELPHIA, OH 44663-0349

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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)
PW NAME: MWCD-ATWOOD PARK
Contact NAME: MUSKINGUM WATERSHED CONS DIST

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321683
Amount Due: $792.00
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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MAHONING VALLEY SANITARY DISTRICT</td>
<td><strong>Pay this amount:</strong> $792.00</td>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td>PWS ID: OH7801811</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Served: 48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** MAHONING VALLEY SANITARY DISTRICT  
**PWS ID:** OH7801811

**Contact NAME:** MAHONING VALLEY SANITARY 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: | 1321682 |
| Amount Due: | $792.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321682 0000079200 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.

KILLBUCK VILLAGE BOARD OF PUBLIC AFFA
138 SOUTH MAIN STREET
KILLBUCK, OH 44637

WATER SYSTEM INFORMATION

| Name: KILLBUCK VILLAGE PWS | PWS ID: OH3800712 |
| System Type: COMMUNITY | Number of Service Connections: 410 |
| Surface Water Source: No |  |

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>
<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>
<tr>
<td>Pay this amount: $787.20</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KILLBUCK VILLAGE PWS
Contact NAME: KILLBUCK VILLAGE BOARD OF PUBLIC AFFA

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WALNUT CREEK WATER CO.  PWS ID: OH3801512
Contact NAME: WALNUT CREEK WATER 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.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321663 |
| Amount Due: | $729.60 |
| 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.

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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>AQUA OHIO - FIRESTONE TRACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7709412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>373</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: $716.16</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>

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: AQUA OHIO - FIRESTONE TRACE
Contact NAME: NUTTER, KEITH

SIGNATURE OF OWNER  __________________________________________ DATE  ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321658
Amount Due: $716.16
Type Code: LFCWS
Transaction ID: 

1321658 0000071616 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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

BOWERS, WILLIAM M
8644 STATION ST.
MENTOR, OH 44060

CONFIRM THE WATER SYSTEM INFORMATION...

Name: AQUA OHIO - AUBURN LAKES PWS
PWS ID: OH2803612
System Type: COMMUNITY
Number of Service Connections: 370
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: $710.40

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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321656
Amount Due: $710.40
Type Code: LFCWS
Transaction ID: 0000000000
**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: MARSHALLVILLE VILLAGE PWS</th>
<th>PWS ID: OH8501912</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 367</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** MARSHALLVILLE VILLAGE PWS

**PWS ID:** OH8501912

**Contact NAME:** MARSHALLVILLE, 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>1321652</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$704.64</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1321652 0000070464 LFCWS 000000000 0</td>
</tr>
</tbody>
</table>
LEHMAN HARDWARE AND APPLIANCES  
289 KURZEN RD  
DALTON, OH 44618

WATER SYSTEM INFORMATION

Name: LEHMAN HARDWARE AND APPLIANCES PWS
PWS ID: OH8560612
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 910
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.

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

1. Confirm the water system information...  
   Such as System Name, System Type, Mailing Address, and Fee Amount.  
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: 1321617
Amount Due: $628.00
Type Code: LFCWS
Transaction ID: 1321617 0000062800 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.

SALEM REGIONAL MEDICAL CENTER
1995 E STATE ST
SALEM, OH 44460

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SALEM REGIONAL MEDICAL CENTER
Contact NAME: SALEM REGIONAL MEDICAL 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: 1321625
Amount Due: $628.00
Type Code: LFCWS
Transaction ID:
<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MCDONALDS-MANCHESTER ROAD PWS</td>
<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: $628.00</td>
</tr>
<tr>
<td>PWS ID: OH7720612</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Served: 1013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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:** MCDONALDS-MANCHESTER ROAD PWS

**PWS ID:** OH7720612

**Contact NAME:** TOMTREYCO, INC DBA MCDONALDS

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

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

- **Ohio EPA**
  - **PO BOX 77005**
  - **Cleveland, OH 44194-7005**

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

<table>
<thead>
<tr>
<th>Revenue ID:</th>
<th>Amount Due: $628.00</th>
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<tbody>
<tr>
<td>LFCWS</td>
<td>1321620</td>
</tr>
</tbody>
</table>

---

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

- 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

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...
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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: MCDONALDS RESTAURANT - WOOSTER
Contact NAME: MCDONALDS CORP WOOSTER -

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321619
Amount Due: $628.00
Type Code: LFCWS
Transaction ID: 1321619 0000062800 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

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

**HARTVILLE MARKETPLACE**
1289 EDISON ST
HARTVILLE, OH 44632

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HARTVILLE MARKETPLACE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7673312</td>
</tr>
<tr>
<td>System Type :</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>1495</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:</td>
<td>$628.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: HARTVILLE MARKETPLACE PWS

Contact NAME: HARTVILLE MARKETPLACE

**SIGNATURE OF OWNER**

**DATE**

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321616 |
| Amount Due: | $628.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321616 0000062800 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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: UHHS GEAUGA MEDICAL CENTER PWS ID: OH2800712
Contact NAME: UHHS GEAUGA REG HOSPITAL

SIGNATURE OF OWNER: ___________________________ DATE: ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321627
Amount Due: $628.00
Type Code: LFCWS
Transaction ID: 0000062800

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WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>UHHS GEAUGA MEDICAL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH2800712</td>
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<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served</td>
<td>1000</td>
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<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

| TOTAL       | Pay this amount: $628.00 |

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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: AQUA OHIO - AURORA E</th>
<th>PWS ID: OH6700512</th>
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</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 314</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
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</tbody>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $602.88</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 - AURORA E

**Contact NAME:** AQUA OHIO - AURORA E

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: 1321602</td>
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<tr>
<td>Amount Due: $602.88</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</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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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.

SPENCER, VILLAGE OF
PO BOX 336
SPENCER, OH 44275

WATER SYSTEM INFORMATION

Name: SPENCER, VILLAGE OF
PWS ID: OH5201611
System Type : COMMUNITY
Number of Service Connections: 312
Surface Water Source: Yes

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: $599.04

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SPENCER, VILLAGE OF
Contact NAME: SPENCER, 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: 1321600
Amount Due: $599.04
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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: $574.08

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

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**BIRCHWOOD MANOR MHC, LLC - 31200 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BIRCHWOOD MANOR MHC OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6700312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>292</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:</td>
<td>$560.64</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** BIRCHWOOD MANOR MHC OLD

**PWS ID:** OH6700312

**Contact NAME:** BIRCHWOOD MANOR MHC, 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>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321582</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$560.64</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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

AQUA OHIO - STRUTHERS
ATTN: JENNIFER JOHNSON
100 SOUTH BRIDGE STREET, BUILDING N
STRUTHERS, OH 44471

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 - TOMAHAWK UTILITIES
Contact NAME: AQUA OHIO - STRUTHERS

SIGNATURE OF OWNER ______________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321575
Amount Due: $545.28
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.

**LAKE LUCERNE CLUB CO.**
8048 CHAGRIN RD
CHAGRIN FALLS, OH 44023

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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:** LAKE LUCERNE CLUB CO.  
**PWS ID:** OH2801512

**Contact NAME:** LAKE LUCERNE CLUB 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

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LAKE LUCERNE CLUB CO.</td>
<td></td>
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<tr>
<td>PWS ID: OH2801512</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 283</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: **$543.36**

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.

---

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

Revenue ID: **1321574**

Amount Due: **$543.36**

Type Code: LFCWS

Transaction ID: 1321574 0000054336 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HIRAM VILLAGE PWS
Contact NAME: HIRAM, 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: 1321569
Amount Due: $533.76
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.

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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.

TREASURE, 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>Invoice/Revenue ID: 1321559</th>
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<table>
<thead>
<tr>
<th>Name: MAIORANO, BOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>842 YOUNGSTOWN-KINGSVILLE RD NE</td>
</tr>
<tr>
<td>VIENNA, OH 44473</td>
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: TRUMBULL CO.-WARREN TWP PWS</th>
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<tbody>
<tr>
<td>PWS ID: OH7806112</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 267</td>
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<tr>
<td>Surface Water Source: Yes</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $512.64</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
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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:** TRUMBULL CO.-WARREN TWP PWS

**Contact Name:** MAIORANO, BOB

**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: 1321559

Amount Due: $512.64

Type Code: LFCWS

Transaction ID: 1321559 0000051264 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.

LEADERS PROPERTIES LLC
P.O. BOX 308
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION

Name: LEADERS MHP PWS
PWS ID: OH2801612
System Type: COMMUNITY
Number of Service Connections: 259
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 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: LEADERS MHP PWS
Contact NAME: LEADERS PROPERTIES LLC

SIGNATURE OF OWNER _______________________________ DATE _______________________________

Due Date: 12/31/2019
Revenue ID: 1321552
Amount Due: $497.28
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
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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: PM ESTATES PWS
Contact NAME: P & M ESTATES MOBILE HOME PARK, LLC
PWS ID: OH6700612

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321535
Amount Due: $460.80
Type Code: LFCWS
Transaction ID: 1321535 0000046080 LFCWS 000000000
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

UMH PROPERTYS
7227 BETH AVE SW
NAVARRE, OH 44662

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKE SHERMAN VILLAGE PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7602712</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>238</td>
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<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
</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: **$456.96**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Revenue ID: | 1321533 |
| Amount Due: | $456.96 |
| Type Code: | LFCWS |
| Transaction ID: | 1321533 0000045696 LFCWS 0000000000 |

Due Date: 12/31/2019
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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   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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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: ROBIN PARK MOBILE HOMES
Contact NAME: ROBIN PARK MOBILE HOMES, 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: 1321531
Amount Due: $451.20
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.

- 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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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.

---

BROOKFIELD ASSOCIATES, MHC, LLC
31200 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

WATER SYSTEM INFORMATION

- Name: BROOKFIELD ACRES MHC PWS
- PWS ID: OH7800312
- System Type: COMMUNITY
- Number of Service Connections: 234
- 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: $449.28

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: BROOKFIELD ACRES MHC PWS
Contact NAME: BROOKFIELD ASSOCIATES, MHC, 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: 1321530
Amount Due: $449.28
Type Code: LFCWS
BUCHEYE WATER WORKS, LLC
9044 CANAL WAY
WEST CHESTER, OH 45069

2020  PUBLIC WATER SYSTEM LICENSE NOTICE

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

BUCHEYE WATER WORKS, LLC
9044 CANAL WAY
WEST CHESTER, OH 45069

2020  PUBLIC WATER SYSTEM LICENSE NOTICE

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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.

---

BUCHEYE WATER WORKS, LLC
9044 CANAL WAY
WEST CHESTER, OH 45069

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: TROY OAKS HOMES
PWS ID: OH2802712
System Type: COMMUNITY
Number of Service Connections: 231
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: $443.52

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.

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TROY OAKS HOMES
Contact NAME: BUCHEYE WATER WORKS, 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
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 EATON, VILLAGE OF
PO BOX 287
MT EATON, OH 44659

WATER SYSTEM INFORMATION

Name: MOUNT EATON VILLAGE PWS
PWS ID: OH8502312
System Type: COMMUNITY
Number of Service Connections: 230
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: $441.60

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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 EATON VILLAGE PWS
Contact NAME: MOUNT EATON, 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: 1321526
Amount Due: $441.60
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.**

---

**WESTVIEW MHP**
P.O. BOX 305
CHAGRIN FALLS, OH 44022

---

**WATER SYSTEM INFORMATION**
- Name: WESTVIEW MHP
- PWS ID: OH8504412
- System Type: COMMUNITY
- Number of Service Connections: 226
- 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><strong>TOTAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay this amount:</strong></td>
<td><strong>$433.92</strong></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** WESTVIEW MHP
**PWS ID:** OH8504412
**Contact NAME:** WESTVIEW 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: 1321524
Amount Due: $433.92
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FOHL VILLAGE MHP
Contact NAME: FOHL VILLAGE 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: 1321514
Amount Due: $424.32
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ROCK CREEK VILLAGE
Contact NAME: ROCK CREEK, 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: 1321513
Amount Due: $422.40
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAUREL SPRINGS WATER CO.

Contact NAME: CORAL MANAGEMENT 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: 1321505
Amount Due: $412.80
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.

MAPLE DEL MANOR LLC
4893 ROCHESTER RD
SUITE D
TROY, MI 48085

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MAPLE DEL MANOR LLC
Contact NAME: MAPLE DEL MANOR 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
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>FOX RUN ESTATES PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6703112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>203</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>Pay this amount: $389.76</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: FOX RUN ESTATES PWS

Contact NAME: FOX RUN MOBILE HOME PARK 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: 1321492
Amount Due: $389.76
Type Code: LFCWS
Transaction ID: 1321492 0000038976 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.

HOLDEN ARBORETUM
9500 SPERRY ROAD
KIRTLAND, OH 44094

WATER SYSTEM INFORMATION

Name: HOLDEN ARBORETUM
PWS ID: OH4337419
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 398
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: $384.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HOLDEN ARBORETUM
Contact NAME: HOLDEN ARBORETUM

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321478
Amount Due: $384.00
Type Code: LFCWS
Transaction ID: 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

PAY FEES...
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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: PROVIA DOOR PWS PWS ID: OH3850312
Contact NAME: PROVIA WALNUT CREEK FACILITY

SIGNATURE OF OWNER ___________________________ DATE ______________

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

BIERY CHEESE CO
6544 PARIS AVENUE NE
LOUISVILLE, OH 44641

WATER SYSTEM INFORMATION
Name: BIERY CHEESE COMPANY
PWS ID: OH7659812
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 330
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</th>
<th>BIERY CHEESE COMPANY</th>
<th>PWS ID</th>
<th>OH7659812</th>
<th>System Type</th>
<th>NONCOMMUNITY NONTRANSIENT</th>
<th>Population Served</th>
<th>330</th>
<th>Surface Water Source</th>
<th>No</th>
</tr>
</thead>
</table>

Pay this amount: $384.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.
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.

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**2020**

---

**JANKE, DARLENE**

7747 MAYFIELD ROAD

CHESTERLAND, OH 44026

---

**WATER SYSTEM INFORMATION**

Name: MAYFIELD UTD. METHODIST CHURCH & DAYCARE

PWS ID: OH2870912

System Type: NONCOMMUNITY NONTRANSIENT

Population Served: 360

Surface Water Source: No

---

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: MAYFIELD UTD. METHODIST CHURCH & DAYCARE

Contact NAME: JANKE, DARLENE

---

**SIGNATURE OF OWNER**


**DATE**

---

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

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

Due Date: 12/31/2019

Revenue ID: 1321481

Amount Due: $384.00

Type Code: LFCWS

Transaction ID: 1321481 0000038400 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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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: KEIM LUMBER INC PWS 2
PWS ID: OH3849812
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 451
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: $384.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KEIM LUMBER INC PWS 2
Contact NAME: KEIM 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.

Due Date: 12/31/2019
Revenue ID: 1321479
Amount Due: $384.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1321479 0000038400 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.

WEAVER LEATHER LLC
PO BOX 68
7540 COUNTY RD 201
MOUNT HOPE, OH 44660

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGNATURE OF OWNER _______________________________ DATE _______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321489
Amount Due: $384.00
Type Code: LFCWS
Transaction ID:

1321489 0000038400 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>GREAT LAKES CHEESE - HIRAM PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2866812</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>600</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: $384.00 |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: GREAT LAKES CHEESE - HIRAM PWS
Contact NAME: GREAT LAKES CHEESE - HIRAM

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019
**Revenue ID:** 1321477
**Amount Due:** $384.00
**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.

NEWBURY CENTER LLC
C/O NACY PANZICA
313 BURWICK RD
HIGHLAND HEIGHTS, OH 44143

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: NEWBURY SHOPPING CENTER PWS</td>
<td>Name: NEWBURY SHOPPING CENTER PWS</td>
<td>Name: NEWBURY SHOPPING CENTER PWS</td>
</tr>
<tr>
<td>PWS ID: OH2874912</td>
<td>Pay this amount: $384.00</td>
<td>Pay this amount: $384.00</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Served: 378</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: NEWBURY SHOPPING CENTER PWS
PWS ID: OH2874912
Contact NAME: NEWBURY CENTER 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: 1321485
Amount Due: $384.00
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>KIDRON TOWN AND COUNTRY STORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8540512</td>
</tr>
<tr>
<td>System Type:</td>
<td>Noncommunity Nontransient</td>
</tr>
<tr>
<td>Population Served:</td>
<td>330</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>
</tbody>
</table>

Pay this amount: **$384.00**

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 Northeast District Office - DDAGW at 330-963-1200

**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: Treasurers 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:** KIDRON TOWN AND COUNTRY STORE

**Contact NAME:** KIDRON TOWN AND COUNTRY STORE

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321480 |
| Amount Due: | $384.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321480 0000038400 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHESTER COMMONS PLAZA-C/B DEVELOPMENT-CA
Contact NAME: BEG, ASIM

SIGNATURE OF OWNER ___________________________ DATE ____________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321468
Amount Due: $384.00
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.

O F M COMPANY
PO BOX 277
RANDOLPH, OH 44265

---

**WATER SYSTEM INFORMATION**

| Name:            | EAST MANUFACTURING CORP
| PWS ID:          | OH6738712
| System Type:     | NONCOMMUNITY NONTRANSIENT
| Population Served: | 450
| Surface Water Source: | No

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>PAY THIS AMOUNT:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$384.00</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.

**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: EAST MANUFACTURING CORP

Contact NAME: O F M 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 |
| Revene ID:  | 1321473    |
| Amount Due: | $384.00    |
| 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.

GERBER POULTRY INC
5889 KIDRON RD
PO BOX 206
KIDRON, OH 44636

WATER SYSTEM INFORMATION

Name: GERBER POULTRY, INC.
PWS ID: OH8537712
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 475
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: $384.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GERBER POULTRY, INC.
Contact NAME: GERBER POULTRY 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: 1321476
Amount Due: $384.00
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

| PWS NAME: ALL SEASONS MHP | Contact NAME: KMW II, LTD - |

<table>
<thead>
<tr>
<th>Fee Information</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>PWS ID:</td>
<td></td>
</tr>
<tr>
<td>System Type:</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>198</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</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>
</tbody>
</table>

Pay this amount: **$380.16**

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

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

PWS NAME: ALL SEASONS MHP  
Contact NAME: KMW II, LTD - 

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

Due Date: 12/31/2019  
Revenue ID: 1321462  
Amount Due: $380.16  
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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID: 1321456**

FREDERICKSBURG, VILLAGE OF
PO BOX 278
FREDERICKSBURG, OH 44627

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FREDERICKSBURG VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8500812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>190</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: **$364.80** |

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.

**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:** FREDERICKSBURG VILLAGE PWS

**PWS ID:** OH8500812

**Contact NAME:** FREDERICKSBURG, 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: | 1321456 |
| Amount Due: | $364.80 |
| Type Code: | LFCWS |
| Transaction ID: | 1321456 000036480 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.

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: WILMOT VILLAGE PWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7606012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 189</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Confirms 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: $362.88

1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WILMOT VILLAGE PWS
Contact NAME: WILMOT, 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: 1321455
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.

HORIZON LAND CO., LLC
2138 ESPEY COURT
SUITE 1
CROFTON, MD 21114

WATER SYSTEM INFORMATION

Name: OAK PARK ESTATES LLC
PWS ID: OH8502512
System Type: COMMUNITY
Number of Service Connections: 175
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: $336.00

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: OAK PARK ESTATES LLC
Contact NAME: HORIZON LAND 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: 1321441
Amount Due: $336.00
Type Code: LFCWS
Transaction ID: 1321441 0000033600 LFCWS 000000000
**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>COLONIAL VILLA MHC, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5000612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>173</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**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.
- 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: **$332.16**

---

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

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

| PWS NAME:   | COLONIAL VILLA MHC, LLC   | PWS ID: | OH5000612 |
| Contact NAME: | COLONIAL VILLA MHC, 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: | 1321436 |
| Amount Due: | $332.16 |
| Type Code: | LFCWS |
| Transaction ID: | 1321436 0000033216 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HUDSON ESTATES PWS  PWS ID: OH7702512
Contact NAME: UMH OH BUCKEYE II, 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: 1321433
Amount Due: $326.40
Type Code: LFCWS
Transaction ID:
WILDERS MOBILE HOME PARK
10865 CHARDON RD
CHARDON, OH 44024

WATER SYSTEM INFORMATION
Name: WILDERS MOBILE HOME PARK PWS
PWS ID: OH2803012
System Type: COMMUNITY
Number of Service Connections: 165
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: $316.80

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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

Due Date: 12/31/2019
Revenue ID: 1321424
Amount Due: $316.80
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.

---

**JAEGER, CARMEN**
3250 W. BIG BEAVER ROAD
SUITE 103
TROY, MI 48084

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JACQUES MOBILE HOME PARK, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2801412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>164</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:</td>
<td>$314.88</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: JACQUES MOBILE HOME PARK, LLC
Contact NAME: JAEGER, CARMEN

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321420 |
| Amount Due: | $314.88 |
| Type Code: | LFCWS |
| Transaction ID: | 1321420 000031488 LFCWS 00000000 8 |
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.

AYALA, MICHAEL
3317 HIGLEY RD
STE 114/613
GILBERT, AZ 85297

WATER SYSTEM INFORMATION

Name: MIDDLEFIELD MOBILE HOME PARK
PWS ID: OH2801912
System Type: COMMUNITY
Number of Service Connections: 154
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: $295.68

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MIDDLEFIELD MOBILE HOME PARK
Contact NAME: AYALA, MICHAEL

SIGNATURE OF OWNER ___________________________ DATE ___________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321414
Amount Due: $295.68
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SANDLEWOOD WATER COMPANY PWS ID: OH6703612
Contact NAME: SANDLEWOOD WATER 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: 1321410
Amount Due: $291.84
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FRANKS MOBILE HOME PARK
Contact NAME: FRANKS 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: 1321400
Amount Due: $284.16
Type Code: LFCWS
Transaction ID: 1321400 0000028416 LFCWS 000000000 8
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: WILLOW REST TRAILER PARK</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7705312</td>
<td></td>
</tr>
<tr>
<td>System Type : COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 145</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: $278.40 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WILLOW REST TRAILER PARK
Contact NAME: WILLOW REST TRAILER 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: 1321397
Amount Due: $278.40
Type Code: LFCWS
Transaction ID:
STONEYBROOKE VILLAGE MHP
2870 LEWIS-SIEFERT ROAD
HUBBARD, OH 44425

**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>STONEYBROOKE VILLAGE MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7802912</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>145</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: | **$278.40** |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

#### 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.

<table>
<thead>
<tr>
<th>Invoice/Revenue ID:</th>
<th>1321396</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay to:</td>
<td>Treasurer, State of Ohio. Please write the Revenue ID on your check.</td>
</tr>
<tr>
<td>This is a lockbox. Please do not send other correspondence to this address.</td>
<td></td>
</tr>
<tr>
<td>Ohio EPA</td>
<td></td>
</tr>
<tr>
<td>PO BOX 77005</td>
<td></td>
</tr>
<tr>
<td>Cleveland, OH 44194-7005</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: NELSON LEDGES ESTATES MHP
Contact NAME: NELSON LEDGES 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: 1321395
Amount Due: $278.40
Type Code: LFCWS
Transaction ID:

1321395 0000027840 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: ROUND UP, LLC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6752312</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 4</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.

Detached 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: $278.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ROUND UP, LLC
Contact NAME: ROUND UP, 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: 1321392
Amount Due: 278.00
Type Code: LFCWS
Transaction ID: 1321392 0000027800 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.

CAMP KOINONIA - MAIN CAMP
6810 CORK COLD SPRINGS ROAD
GENEVA, OH 44041

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CAMP KOINONIA - MAIN CAMP PWS
Contact NAME: CAMP KOINONIA - MAIN 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: 1321389
Amount Due: $278.00
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CUTTYS SUNSET CAMP PWS
Contact NAME: CUTTYS SUNSET CAMPS

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321390
Amount Due: $278.00
Type Code: LFCWS
Transaction ID:

1321390 0000027800 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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID:** 1321394

---

**STONY GLEN CAMP-CENTER CAMP**  
5300 WEST LOVELAND ROAD  
MADISON, OH 44057

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th>STONY GLEN CAMP-CENTER CAMP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PWS ID:</strong></td>
<td>OH4338312</td>
</tr>
<tr>
<td><strong>System Type:</strong></td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td><strong>Number of Wells:</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>Surface Water Source:</strong></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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay this amount:</strong></td>
</tr>
<tr>
<td><strong>$278.00</strong></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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:** STONY GLEN CAMP-CENTER CAMP  
**PWS ID:** OH4338312

**Contact NAME:** STONY GLEN CAMP-CENTER 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:** | 1321394 |
| **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.

MAPLEWOOD MHP
P. O. BOX 4720
TROY, MI 48099

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MAPLEWOOD PARK
Contact NAME: MAPLEWOOD 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
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>COUNTRYSIDE ESTATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6704712</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>144</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: | $276.48 |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** COUNTRYSIDE ESTATES  
**Contact NAME:** UMH OH BUCKEYE II, 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><strong>Due Date:</strong></th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue ID:</strong></td>
<td>1321387</td>
</tr>
<tr>
<td><strong>Amount Due:</strong></td>
<td>$276.48</td>
</tr>
<tr>
<td><strong>Type Code:</strong></td>
<td>LFCWS</td>
</tr>
<tr>
<td><strong>Transaction ID:</strong></td>
<td></td>
</tr>
</tbody>
</table>
**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>BAINBROOK WATER COMPANY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2803112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>133</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: | $255.36 |

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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** BAINBROOK WATER COMPANY PWS

**PWS ID:** OH2803112

**Contact NAME:** CORAL MANAGEMENT CO

**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: | 1321380 |
| Amount Due: | $255.36 |
| Type Code: | LFCWS |
| Transaction ID: | 0000000000 0 |
**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>LINCOLN TERRACE ESTATES</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8501612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>131</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: $251.52</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** LINCOLN TERRACE ESTATES  
**PWS ID:** OH8501612

**Contact NAME:** LINCOLN TERRACE EST - MOORE ENTERPRISE

**SIGNATURE OF OWNER __________________________ DATE ______________**

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

**Ohio EPA**  
PO BOX 77005  
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019  
**Revenue ID:** 1321376  
**Amount Due:** $251.52  
**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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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)

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MEDINA CO/SHARON SPRINGS
Contact NAME: MEDINA COUNTY SANITARY ENGINEERS

SIGNATURE OF OWNER __________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td>$249.60</td>
</tr>
</tbody>
</table>

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MEDINA CO/SHARON SPRINGS</th>
<th>PWS ID: OH5200812</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 130</td>
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<tr>
<td>Surface Water Source: No</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.

Due Date: 12/31/2019
Revenue ID: 1321375
Amount Due: $249.60
Type Code: LFCWS
Transaction ID:
**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>FORTY CORNERS MOBILE VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7602012</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>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
</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: $245.76

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FORTY CORNERS MOBILE VILLAGE
Contact NAME: COOK INVESTMENTS

SIGNATURE OF OWNER ______________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321370 |
| Amount Due: | $245.76 |
| Type Code: | LFCWS |
| Transaction ID: | 1321370 0000024576 LFCWS 000000000 9 |
**PLALAN LAKE WATER ASSOCIATION**  
PO BOX 214  
WEST FARMINGTON, OH 44491

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PLALAN LAKE WATER ASSOCIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7804512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>122</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: | $234.24 |

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.

---

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

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

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** PLALAN LAKE WATER ASSOC.  
**PWS ID:** OH7804512  
**Contact NAME:** PLALAN LAKE WATER ASSOCIATION

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321366 |
| Amount Due: | $234.24 |
| Type Code: | LFCWS |

---

1321366 0000023424 LFCWS 000000000 9
MAYWOOD COMMUNITY INC
8701 MAYFIELD RD
PO BOX 277
CHESTERLAND, OH 44026

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: MAYWOOD COMMUNITY INC.
PWS ID: OH2801812
System Type: COMMUNITY
Number of Service Connections: 120
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: $230.40

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: MAYWOOD COMMUNITY INC. PWS ID: OH2801812
Contact NAME: MAYWOOD COMMUNITY 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: 1321364
Amount Due: $230.40
Type Code: LFCWS
Transaction ID: 1321364 0000023040 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ROCKWOOD PARK
Contact NAME: ROCKWOOD PARK

SIGNATURE OF OWNER __________________________  DATE ________________

Due Date: 12/31/2019
Revenue ID: 1321363
Amount Due: $228.48
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.

FAIRLANE WATER CO. INC.
4851 E. HIGHLAND AVE.
RAVENNA, OH 44266

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FAIRLANE WATER CO.  PWS ID: OH6701312
Contact NAME: FAIRLANE WATER 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: 1321360
Amount Due: $226.56
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.

---

GLENMONT WATER BOARD, VILLAGE OF
PO BOX 476
GLENMONT, OH 44628

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Name: GLENMONT VILLAGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH3800312</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 115</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: **$220.80**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GLENMONT VILLAGE PWS
Contact NAME: GLENMONT WATER BOARD, 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: 1321353
Amount Due: $220.80
Type Code: LFCWS
Transaction ID: 1321353 0000022080 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KERSTETTER, SHANNON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7707212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>114</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: **$218.88**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: PINE MILL RIDGE 2 PWS

Contact NAME: KERSTETTER, SHANNON

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321351 |
| Amount Due: | $218.88 |
| Type Code: | LFCWS |
| Transaction ID: | 1321351 0000021888 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKE COUNTY PINECREST SUBDISTRICT
Contact NAME: LAKE COUNTY DEPT OF 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
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

EIGLER, KEVIN
8116 INFIRMIARY ROAD
RAVENNA, OH 44266

WATER SYSTEM INFORMATION

| Name:      | PORTAGE CO-RIVERMOOR |
| PWS ID:   | OH6705312            |
| System Type: | COMMUNITY           |
| Number of Service Connections: | 113       |
| 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: $216.96

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

Invoice/Revenue ID: 1321350

Due Date: 12/31/2019
Revenue ID: 1321350
Amount Due: $216.96
Type Code: LFCWS
Transaction ID: 1321350 0000021696 LFCWS 0000000000 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WOOSTER ROLLING WHEELS ESTATES MHP
Contact NAME: AUDINO, GIOVANNI

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321347
Amount Due: $215.04
Type Code: LFCWS
Transaction ID: 4

---

WATER SYSTEM INFORMATION

Name: WOOSTER ROLLING WHEELS ESTATES MHP
PWS ID: OH8503112
System Type: COMMUNITY
Number of Service Connections: 112
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: $215.04

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.

MANTUA MOBILE HOME PARK, LLC
PO BOX 670382
NORTHFIELD, OH 44067

WATER SYSTEM INFORMATION

| Name: | MANTUA MOBILE HOME PARK |
| PWS ID: | OH6704212 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 110 |
| 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: | $211.20 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MANTUA MOBILE HOME PARK
Contact NAME: MANTUA MOBILE HOME PARK, 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: 1321344
Amount Due: $211.20
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.

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: SPRING LAKES MOBILE HOME PARK</td>
<td></td>
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<tr>
<td>PWS ID: OH6703912</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 109</td>
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</tr>
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<td>Surface Water Source: No</td>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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.

Coral Management Co
13219 Shaker Sq
Cleveland, OH 44120

---

WATER SYSTEM INFORMATION

Name: Whitetail Run Homeowners
PWS ID: OH2803512
System Type: Community
Number of Service Connections: 108
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: $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.

---

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: Whitetail Run Homeowners
Contact NAME: Coral Management 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: 1321339
Amount Due: $207.36
Type Code: LFCWS
Transaction ID:
**HORIZON LAND CO., LLC**  
2138 ESPEY COURT  
SUITE 1  
CROFTON, MD 21114

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ORCHARD ESTATES I MHC, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6702512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<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**

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:  
**$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.

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

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

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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: ORCHARD ESTATES I MHC, LLC  
Contact NAME: HORIZON LAND 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321336</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$201.60</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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BIRCHWOOD MANOR MHC NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6700322</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>104</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: $199.68</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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)

<table>
<thead>
<tr>
<th>PWS NAME:</th>
<th>BIRCHWOOD MANOR MHC NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact NAME:</td>
<td>BIRCHWOOD MANOR MHC, LLC -</td>
</tr>
</tbody>
</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: | 1321331 |
| Amount Due: | $199.68 |
| Type Code: | LFCWS |
| Transaction ID: | 1321331 0000019968 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.

**INDIAN SPRINGS**
4341 RIVerview RD
PENINSULA, OH 44264

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>INDIAN SPRINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7704912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>104</td>
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<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: $199.68</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 INFORMATION**

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321332</td>
</tr>
<tr>
<td>Amount Due:</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></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.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1321330

- 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 Northeast District Office - DDAGW at 330-963-1200

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>WHISPERING WILLOW MHP PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0401212</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>102</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: $195.84</td>
</tr>
</tbody>
</table>

**ATTACHMENT**

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**

<table>
<thead>
<tr>
<th>Signature of Owner</th>
<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

<table>
<thead>
<tr>
<th>Due Date:</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321330</td>
</tr>
<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>
</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.

HORIZON LAND COMPANY-  
2138 ESPEY COURT, SUITE 1  
CROFTON, MD 21114

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: REX HILL ESTATES, LLC  
PWS ID: OH7703812
Contact NAME: HORIZON LAND 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: 1321329
Amount Due: $193.92
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BLACKBROOK VALLEY ESTATES
Contact NAME: DONOVA PROPERTY MANAGEMENT -
PWS ID: OH6700412

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321322
Amount Due: $192.00
Type Code: LFCWS
Transaction ID: 1321322 0000019200 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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: DEER MEADOW ESTATES MHP</td>
<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: $192.00</td>
</tr>
<tr>
<td>PWS ID: OH5001212</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 100</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 MEADOW ESTATES MHP
Contact NAME: UMH OH BUCKEYE II, 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: 1321324
Amount Due: $192.00
Type Code: LFCWS
Transaction ID: 1321324 0000019200 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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

GRiffiths Park Swim Club
C/O Spring Hills Golf Course
6571 S. Cleveland-Massillon Road
Clinton, OH 44216

WATER SYSTEM INFORMATION
Name: Griffiths Park Swim Club PWS
PWS ID: OH7797412
System Type: Transient NonCommunity
Number of Wells: 3
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

Due Date: 12/31/2019
Revenue ID: 1321194
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 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.

HEXPOL COMPOUNDING - BURTON
14330 KINSMAN ROAD
BURTON, OH 44021

WATER SYSTEM INFORMATION
Name: HEXPOL COMPOUNDING - BURTON PWS
PWS ID: OH2830412
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 230
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HEXPOL COMPOUNDING - BURTON PWS
Contact NAME: HEXPOL COMPOUNDING - BURTON

SIGNATURE OF OWNER ____________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321200
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321200 0000017600 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.

CAMP STIGWANDISH - BOY SCOUTS OF AMER
2241 WOODLAND AVE
CLEVELAND, OH 44115

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

Fees for Year 2020

<table>
<thead>
<tr>
<th>Name: CAMP STIGWANDISH</th>
<th>PWS ID: OH4340111</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 3</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: $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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321142
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.

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.

RIDGE RANCH CAMPGROUND
5219 ST RT 303
NEWTON FALLS, OH 44444

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RIDGE RANCH CAMP
PWS ID: OH7841312
Contact NAME: RIDGE RANCH 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: 1321275
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.

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.

GLENRIDGE MHP
PO BOX 670236
NORTHFIELD, OH 44067

PUBLIC WATER SYSTEM LICENSE NOTICE

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GLENRIDGE MOBILE HOME PARK
Contact NAME: GLENRIDGE 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>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: GLENRIDGE MOBILE HOME PARK</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8501012</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 54</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

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.

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

Due Date: 12/31/2019

Revenue ID: 1321183
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321183 0000017600 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.

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CLAMPCO PRODUCTS
Contact NAME: CLAMPCO PRODUCTS

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321148
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321148 0000017600 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.**
- **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.**

---

**GUILFORD LAKE ESTATES**

**PO BOX 338**

**TALLMADGE, OH 44278**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GUILFORD LAKE ESTATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1503412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>75</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>Attach 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: $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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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:** GUILFORD LAKE ESTATES

**PWS ID:** OH1503412

**Contact NAME:** GUILFORD LAKE ESTATES

**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: | 1321195 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321195 0000017600 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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>TERRACE GLEN MHP LLC</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH2802612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>95</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</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: $176.00

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TERRACE GLEN MHP LLC
Contact NAME: TERRACE GLEN 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: 1321293
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 

1321293 0000017600 LFCWS 0000000000 0
KEEL PROPERTY MAINTENANCE  
ATTN: ANDREW KEEL  
PO BOX 622023  
OVIEDO, FL 32762

WATER SYSTEM INFORMATION
Name: DEER RUN MC  
PWS ID: OH1500112  
System Type: COMMUNITY  
Number of Service Connections: 75  
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

PAY FEES...
Please pay the required fee by check, money order or credit card.
- 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 RUN MC  
PWS ID: OH1500112
Contact NAME: KEEL PROPERTY MAINTENANCE

SIGNATURE OF OWNER ___________________________  DATE ___________________

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1321160  
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 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LINCOLN SQUARE APARTMENTS
Contact NAME: WINDHAM, DEAN

SIGNATURE OF OWNER ____________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321222 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321222 0000017600 LFCWS 000000000 |

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: LINCOLN SQUARE APARTMENTS</th>
<th>PWS ID: OH7606612</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 52</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>Attach a handout showing how fee was calculated for each type of water system.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the information given above, the fee owed by your water system is shown in the total column.</td>
<td>Pay this amount: $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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.
- 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: BAINBRIDGE CENTER BLDG.
- PWS ID: OH2852612
- System Type: NONCOMMUNITY NONTRANSIENT
- Population Served: 250
- 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

---

**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.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

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

- **PWS NAME:** BAINBRIDGE CENTER BLDG.
- **PWS ID:** OH2852612
- **Contact NAME:** BAINBRIDGE REAL ESTATE LLC

---

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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID: 1321128</td>
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<tr>
<td>Amount Due: $176.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WOLTERS KLUWER
PWS ID: OH7790712
Contact NAME: WOLTERS KLUWER -

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321318 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321318 0000017600 LFCWS 000000000 1 |
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.

---

CHAGRIN VALLEY ATHLETIC CLUB
17260 SNYDER ROAD
CHAGRIN FALLS, OH 44023

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHAGRIN VALLEY ATHLETIC CLUB
Contact NAME: CHAGRIN VALLEY ATHLETIC CLUB

SIGNATURE OF OWNER ________________________________ DATE ________________________________

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: 1321147
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
TOWBRIDGE DEVELOPMENT
5347 TOWBRIDGE DRIVE
HUDSON, OH 44236

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
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.

AURIA HOLMESVILLE, LLC.
8281 COUNTY ROAD 245
PO BOX 115
HOLMESVILLE, OH 44633

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>AURIA HOLMESVILLE, LLC PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3842412</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>160</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.

Attatched 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:       | $176.00                    |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
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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: AURIA HOLMESVILLE, LLC PWS
PWS ID: OH3842412
Contact NAME: AURIA HOLMESVILLE, 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: 1321124
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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: AVON MOBILE HOME PARK</th>
<th>PWS ID: OH7700312</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 74</td>
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<tr>
<td>Surface Water Source: No</td>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
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<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.

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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: AVON MOBILE HOME PARK

Contact NAME: AVON 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 |
| Revenu ID: | 1321127 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321127 0000017600 LFCWS 000000000 2 |
**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.**

---

**MERCURY PLASTICS INC**  
15760 MADISON RD  
PO BOX 989  
MIDDLEFIELD, OH 44062

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MERCURY PLASTICS FABRICATION</th>
<th>PWS ID: OH2844822</th>
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</thead>
<tbody>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Population Served: 150</td>
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<tr>
<td>Surface Water Source: No</td>
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### FEES FOR YEAR 2020

<table>
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<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>
</tr>
</tbody>
</table>

- Pay this amount: $176.00

---

### 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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   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:** MERCURY PLASTICS FABRICATION  
**PWS ID:** OH2844822

**Contact NAME:** MERCURY PLASTICS 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>
<thead>
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<td>Revenue ID:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
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| 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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: RANDOLPH FAIR PWS
Contact NAME: RANDOLPH FAIR-PORTAGE CO AG SOCIETY

SIGNATURE OF OWNER __________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321273
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.

VISTA HIGHLAND LLC
PO BOX 531
MANTUA, OH 44255

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>HOMESTEAD MANOR MHP</th>
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<tbody>
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<td>PWS ID:</td>
<td>OH6705112</td>
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<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>82</td>
</tr>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $176.00</td>
<td></td>
</tr>
</tbody>
</table>

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

PWS NAME: HOMESTEAD MANOR MHP
Contact NAME: VISTA HIGHLAND 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: 1321204
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>NASHVILLE VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH3801012</td>
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<tr>
<td>System Type</td>
<td>COMMUNITY</td>
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<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>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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<tbody>
<tr>
<td>Pay this amount: $176.00</td>
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</tbody>
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DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** NASHVILLE VILLAGE PWS

**Contact NAME:** NASHVILLE, 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: 1321244
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BELLE ACRES MOBILE HOME PARK
HIGHLAND MHP, LLC.
P.O. BOX 1653
WARREN, OH 44481

WATER SYSTEM INFORMATION

Name: BELLE ACRES MOBILE HOME PARK
PWS ID: OH7800212
System Type: COMMUNITY
Number of Service Connections: 74
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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<tbody>
<tr>
<td>Pay this amount: $176.00</td>
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</table>

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Such as System Name, System Type, Mailing Address, and Fee Amount.
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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: BELLE ACRES MOBILE HOME PARK
Contact NAME: BELLE ACRES 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: 1321132
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
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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.
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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: FIELDSTONE FARM THERAPEUTIC RIDING CENTE
Contact NAME: FIELDSTONE FARM THERAPEUTIC RIDING CENTE
PWS ID: OH2866612

SIGNATURE OF OWNER

DATE

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321172
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

1321172 0000017600 LFCWS 000000000 6
KIDS COUNTRY
126 WASHINGTON ST
HARTVILLE, OH 44632

WATER SYSTEM INFORMATION

Name: KIDS COUNTRY PWS
PWS ID: OH7675912
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 163
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

ATTACH 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: KIDS COUNTRY PWS
Contact NAME: KIDS COUNTRY

SIGNATURE OF OWNER ____________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321214
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GRANGER LAKE CONDO 4 PWS</th>
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<tbody>
<tr>
<td>PWS ID:</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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<tr>
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<tbody>
<tr>
<td><strong>Pay this amount:</strong></td>
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</tr>
</tbody>
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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:** GRANGER LAKE CONDO 4 PWS  
**PWS ID:** OH5202212

**Contact NAME:** GRANGER LAKE CONDO 4

**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:** | 1321187 |
| **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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ELIAS, CHAIM
2120 SOUTH GREEN ROAD
SOUTH EUCLID, OH 44121

WATER SYSTEM INFORMATION

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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>80</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: $176.00</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>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DELTA 77 APARTMENTS PWS
Contact NAME: ELIAS, CHAIM

SIGNATURE OF OWNER _______________ DATE _______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321162
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321162 0000017600 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

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HERITAGE GREEN CONDOMINIUM ASSOC PWS
Contact NAME: HERITAGE GREEN CONDOMINIUM ASSOCIATIO

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321199
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.

- 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.

MANCHESTER UNITED METHODIST CHURCH
TRUSTEES
5625 MANCHESTER ROAD
AKRON, OH 44319

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MANCHESTER UMC HERE FOR YOU PRESCHOOL</th>
<th>System Type: NONCOMMUNITY NONTRANSIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH7762812</td>
<td>Population Served: 150</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
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<th>TOTAL</th>
</tr>
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<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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MANCHESTER UMC HERE FOR YOU PRESCHOOL
Contact NAME: MANCHESTER UNITED METHODIST CHURCH

SIGNATURE OF OWNER _____________________________________________ DATE ______________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: 12/31/2019 |
| Revenue ID: 1321225 |
| 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321241
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.

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.

---

**GRANGER LAKE CONDOMINIUMS 1**

**200 GRANGER ROAD**

**MEDINA, OH 44256**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GRANGER LAKE CONDO 1 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5202112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>87</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: $176.00</td>
</tr>
</tbody>
</table>

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

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** GRANGER LAKE CONDO 1 PWS

**PWS ID:** OH5202112

**Contact NAME:** GRANGER LAKE CONDOMINIUMS 1

---

**SIGNATURE OF OWNER __________________________**

**DATE __________________________**

---

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

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

**Revenue ID:** 1321186

**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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>UPS-RICHFIELD SERVICE CENTER PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7700021</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>152</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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: UPS-RICHFIELD SERVICE CENTER PWS
Contact NAME: UPS

SIGNATURE OF OWNER ___________________________ DATE _______________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321301
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321301 0000017600 LFCWS 000000000 0
### 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.

**GLEN AT STATELINE LLC -**
**RE: STATE LINE MHPS**
301 N CLEMATIS ST STE 3000
WEST PALM BEACH, FL 33401

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GLEN AT STATE LINE MHP 2 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5002112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>69</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>Pay this amount: <strong>$176.00</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.

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

**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:** GLEN AT STATE LINE MHP 2 PWS
**PWS ID:** OH5002112

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321182 |
| 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.

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.

FRIENDSHIP ACRES CAMPGROUND
2210 SR 44
ATWATER, OH 44201

FRIENDSHIP ACRES CAMPGROUND
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: FRIENDSHIP ACRES CAMPGROUND</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6740612</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 3</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:
$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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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: FRIENDSHIP ACRES CAMPGROUND
Contact NAME: FRIENDSHIP ACRES 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: 1321178
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.

WOBDBURY GLEN CONDO ASSOCIATION
C/O GRACE PROPERTY SERVICES LLC
1375 S MAIN ST SUITE 201
NORTH CANTON, OH 44720

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WOODBURY GLEN CONDOMINIUMS PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7675212</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 60</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>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

SIGNATURE OF OWNER _________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321319
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 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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: SPRINGWOOD LAKE CAMP CLUB
Contact NAME: SPRINGWOOD LAKE CAMP 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: 1321285
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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2. 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: ROCK OF AGES SCHOOL AND CHURCH
Contact NAME: ROCK OF AGES 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

Due Date: 12/31/2019
Revenue ID: 1321276
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321276 0000017600 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:  THUNDERBIRD TERRACE MHP
Contact NAME:  ACG NORTHERN OHIO, 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:  1321296
Amount Due:  $176.00
Type Code:  LFCWS
Transaction ID:  

1321296 0000017600 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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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WARREN WOODS ESTATES MHP</td>
</tr>
<tr>
<td>PWS ID: OH7801312</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 58</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Name</th>
<th>PWS ID</th>
<th>System Type</th>
<th>Number of Service Connections</th>
<th>Surface Water Source</th>
<th>Fee</th>
</tr>
</thead>
</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: **$176.00**

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: WARREN WOODS ESTATES MHP

Contact NAME: WARREN WOODS 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tr>
<td>Revenue ID:</td>
<td>1321309</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>
- 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.

MANGIA INC.
PO BOX 206
NEWBURY, OH 44065

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MANGIA INC.</th>
<th>PWS ID: OH2868712</th>
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<tbody>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Population Served: 150</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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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: MANGIA INC. PWS ID: OH2868712
Contact NAME: MANGIA 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: 1321226 |
| 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 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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---

GREEN MEADOWS ESTATES -
5854 CLEVELAND RD
WOOSTER, OH 44691

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GREEN MEADOWS ESTATES  PWS ID: OH8505212
Contact NAME: GREEN MEADOWS 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

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<tr>
<th>Due Date:</th>
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<tr>
<td>Revenue ID:</td>
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<tr>
<td>Amount Due:</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
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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.

MEDINA COUNTY SANITARY ENGINEERS
PO BOX 542
MEDINA, OH 44258

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: MEDINA CO/SHARON-WADSWORTH PWS | OH5202003 |
| System Type: COMMUNITY | 88 |
| Number of Service Connections: | No |
| Surface Water Source: | |

**FEES FOR YEAR 2020**

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: $176.00

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: MEDINA CO/SHARON-WADSWORTH PWS
Contact NAME: MEDINA COUNTY SANITARY ENGINEERS

**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: 1321234
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

---

1321234 0000017600 LFCWS 000000000 2
2020 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.
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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.

CAMP BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

WATER SYSTEM INFORMATION

Name: CAMP BEAUMONT, BSA CAMP B PWS
PWS ID: OH0432412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 3
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. | Total |
| 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.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CAMP BEAUMONT, BSA CAMP B PWS
PWS ID: OH0432412
Contact NAME: CAMP BEAUMONT

SIGNATURE OF OWNER ________________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321140
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

1321140 0000017600 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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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.

AURORA, CITY OF
158 W. PIONEER TRAIL
AURORA, OH 44202

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

**WATER SYSTEM INFORMATION**

| Name: | AURORA CITY - PORTAGE PWS |
| PWS ID: | OH6700003 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 80 |
| Surface Water Source: | No |

**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: $176.00</td>
</tr>
</tbody>
</table>

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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**PAY FEES...**

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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:** AURORA CITY - PORTAGE PWS  
**PWS ID:** OH6700003  
**Contact NAME:** AURORA, CITY OF

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

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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

COMMUNITY CHURCH/PRESCHOOL
11984 CAVES ROAD
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>COMM. CHURCH OF CHESTERLAND / PRESCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2864612</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>159</td>
</tr>
<tr>
<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>
<th>TOTAL</th>
</tr>
</thead>
</table>

Pay this amount: $176.00

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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: COMM. CHURCH OF CHESTERLAND / PRESCHOOL PWS ID: OH2864612
Contact NAME: COMMUNITY CHURCH/PRESCHOOL

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321153
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321153 0000017600 LFCWS 000000000 9
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PARADISE LAKE PARK
6940 ROCHESTER RD
EAST ROCHESTER, OH 44625

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PARADISE LAKE PARK-CAMPGROUND PWS
PWS ID: OH1557512
Contact NAME: PARADISE LAKE 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
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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: GEauga MEDICAL BLDG

Contact NAME: GEauga MEDICAL BLDG

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, 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: 1321179
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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**PUBLIC WATER SYSTEM LICENSE NOTICE**

**2020**

**LITTLE CHIPPEWA EST - MELROSE MHP**

4400 MELROSE DR 301

WOOSTER, OH 44691

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LITTLE CHIPPEWA ESTATES</th>
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<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
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<td>Number of Service Connections:</td>
<td>61</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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---

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<tr>
<td>Pay this amount:</td>
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<tr>
<td>$176.00</td>
</tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 CHIPPEWA ESTATES

Contact NAME: LITTLE CHIPPEWA EST - MELROSE 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: 1321223

Amount Due: $176.00

Type Code: LFCWS

Transaction ID: 2020 LFCWS
FARR HILL MHP
1931 CAMPGROUND RD
PO BOX 107
WELLSVILLE, OH 43968

WATER SYSTEM INFORMATION
Name: FARR HILL MHP
PWS ID: OH1503312
System Type: COMMUNITY
Number of Service Connections: 78
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.
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FARR HILL MHP
Contact NAME: FARR HILL 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: 1321171
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.

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.

PRIDE VALLEY MOBILE HOME PARK
9147 MAPLE STREET, LOT 7A
C/O NANCY EMERY, MNGR.
MALVERN, OH 44644

WATER SYSTEM INFORMATION

Name: PRIDE VALLEY MHP
PWS ID: OH1000512
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.

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: $176.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

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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: PRIDE VALLEY MHP
Contact NAME: PRIDE 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

Due Date: 12/31/2019
Revenue ID: 1321267
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:

1321267 0000017600 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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**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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<thead>
<tr>
<th>Name:</th>
<th>USF HOLLAND</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7787112</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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**FEES FOR YEAR 2020**

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<td>Pay this amount:</td>
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</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.

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: USF HOLLAND

Contact NAME: YRC FREIGHT

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Type Code:</td>
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<td>Transaction ID:</td>
<td>1321303 0000017600 LFCWS 0000000000 8</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

THE WINBURY GROUP
8401 CHAGRIN ROAD
SUITE 10C
CHAGRIN FALLS, OH 44023

WATER SYSTEM INFORMATION
Name: WINBURY PROFESSIONAL CENTER PWS
PWS ID: OH2870112
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 252
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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321317
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: USACE-BERLIN LAKE/ MILL CREEK REC. AREA

PWS ID: OH5040612

Contact NAME: USACE-BERLIN LAKE

SIGNATURE OF OWNER ____________________ DATE ____________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321302
Amount Due: $176.00
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 Northeast District Office - DDAGW at 330-963-1200.

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:** PENGUIN CONDOMINIUMS  
**PWS ID:** OH7709112  
**Contact NAME:** CENTURY 21 PROPERTY MANAGEMENT

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

| **Due Date:** | 12/31/2019 |
| **Revenue ID:** | 1321261 |
| **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.

D&N DEVELOPMENT LTD
6086 STATE RTE 241
MILLERSBURG, OH 44654

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>F D HARDWOODS PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>150</td>
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<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

<table>
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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: F D HARDWOODS PWS
Contact NAME: D&N DEVELOPMENT 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: 1321169
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.

EAGLE DEVELOPING CORP.
P.O. BOX 1592
HERMITAGE, PA 16148

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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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: PEABERRY PLAZA
Contact NAME: EAGLE DEVELOPING CORP.

PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on 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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<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
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<tr>
<td>PWS ID: OH5053612</td>
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<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served: 241</td>
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<td>Surface Water Source: No</td>
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1321260 0000017600 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name:</th>
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<tr>
<td>System Type:</td>
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<td>Population Served:</td>
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<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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...**

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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

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| Due Date: | 12/31/2019 |
| Revenue ID: | 1321236 |
| 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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: DLH BOWLES, INC.  PWS ID: OH7607112
Contact NAME: DLH BOWLES, 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: 1321163
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PLEASANT PARK MOBILE COURT   PWS ID: OH7802512
Contact NAME: PLEASANT PARK MOBILE COURT

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321265
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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   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.

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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: RANCH CLUB ESTATES WATER ASSOCIATION
Contact NAME: RANCH CLUB ESTATES WATER ASSOCIATION

SIGNATURE OF OWNER _____________________________ DATE _____________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321272
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: KIMBERLY ESTATES</th>
<th>PWS ID: OH2803312</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 97</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

**IMPORTANT**

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:** KIMBERLY ESTATES  **PWS ID:** OH2803312

**Contact NAME:** KIMBERLY 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

<table>
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<tr>
<th>Due Date: 12/31/2019</th>
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<tbody>
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<td>Revenue ID: 1321215</td>
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<tr>
<td>Amount Due: $176.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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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.

CAMP BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP BEAUMONT, BSA CAMP C PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0431712</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>

FACIAL TO YEAR 2020

| TOTAL | 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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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: 1321141
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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: OHIO FARMS PACKING CO. PWS</td>
</tr>
<tr>
<td>PWS ID: OH8562212</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 175</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
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</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.

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: OHIO FARMS PACKING CO. PWS
PWS ID: OH8562212
Contact NAME: OHIO FARMS PACKING 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: 1321255
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 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.

KINETICO INCORPORATED
10845 KINSMAN ROAD
P.O. BOX 193
NEWBURY, OH 44065

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
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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: KINETICO INCORPORATED
Contact NAME: KINETICO INCORPORATED

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
</thead>
<tbody>
<tr>
<td>Name: KINETICO INCORPORATED</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2851712</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 242</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: $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.

Due Date: 12/31/2019
Revenue ID: 1321216
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321216 0000017600 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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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

OHCA BETH MHP, LLC
PO BOX 457
CEDAREDGE, CO 81413

WATER SYSTEM INFORMATION

Name: BETH MOBILE HOME PARK
PWS ID: OH7600312
System Type: COMMUNITY
Number of Service Connections: 94
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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BETH MOBILE HOME PARK
Contact NAME: OHCA BETH 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: 1321133
Amount Due: $176.00
Type Code: LFCWS
Transaction ID:
A & E REAL ESTATE LLC
30 N MAIN ST
CHAGRIN FALLS, OH 44022

WATER SYSTEM INFORMATION

| Name:          | BAINBRIDGE COMMONS                                      |
| PWS ID:        | OH2838812                                              |
| System Type:   | TRANSIENT NONCOMMUNITY                                  |
| Number of Wells: | 3                                                     |
| 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>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...

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

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

PWS NAME: BAINBRIDGE COMMONS
Contact NAME: A & E REAL ESTATE 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:   | 1321129    |
| 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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CONFIRM THE WATER SYSTEM INFORMATION...
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SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GIANT EAGLE 179 PWS
Contact NAME: GIANT EAGLE 179

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Type Code:</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
<td>1321181 0000017600</td>
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Giant Eagle 179
GIANT EAGLE, INC.
5300 Richmond Road
Broadview Heights, OH 44146

WATER SYSTEM INFORMATION
Name: GIANT EAGLE 179 PWS
PWS ID: OH7759212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 250
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.
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.

JAKE'S
P.O. BOX 39
WOOSTER, OH 44691

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>JAKES RESTAURANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8549112</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>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $176.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: JAKES RESTAURANT
Contact NAME: JAKE'S

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321208
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 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

JUST CRICKET CONDO ASSOCIATION
4244 PARLIAMENT DRIVE
KENT, OH 44240

WATER SYSTEM INFORMATION
Name: JUST CRICKET CONDO ASSOCIATION
PWS ID: OH6705912
System Type: COMMUNITY
Number of Service Connections: 75
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: JUST CRICKET CONDO ASSOCIATION PWS ID: OH6705912
Contact NAME: JUST CRICKET CONDO ASSOCIATION

SIGNATURE OF OWNER ____________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321210
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321210 0000017600 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MAPLE RIDGE MHC LIMITED
PO BOX 223
CHARDON, OH 44024

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MAPLE RIDGE MHC, LIMITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH2801112</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 67</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</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.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $176.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MAPLE RIDGE MHC, LIMITED

PWS ID: OH2801112

Contact NAME: MAPLE RIDGE MHC LIMITED

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321229
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 

1321229 0000017600 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>PINE MILL RIDGE 2500 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH7707312</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

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<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $176.00</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>
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<td></td>
</tr>
</tbody>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PINE MILL RIDGE 2500 PWS

Contact NAME: CARRIAGE GROUP REALITY -

---

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Revenue ID:</td>
<td>1321263</td>
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<tr>
<td>Amount Due:</td>
<td>$176.00</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PINE TREE BARN, INC.
PWS ID: OH8553612
Contact NAME: PINE TREE BARN, 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: 1321264
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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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: NEWBURY BUSINESS PARK
Contact NAME: NEWBURY BUSINESS 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: 1321247
Amount Due: $176.00
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** TARKETT NORTH  
**Contact NAME:** JOHNSONITE  
**PWS ID:** OH2840112

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

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321291 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
**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.**

### WESTERN RESERVE VILLAGE
146 WILPARK DR.
AKRON, IL 60523

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WESTERN RESERVE VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7704012</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>94</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: $176.00

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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: WESTERN RESERVE VILLAGE
Contact NAME: WESTERN RESERVE VILLAGE

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321313 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321313 0000017600 LFCWS 0000000000 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321304
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321304 0000017600 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.

---

SPRUCE TREE VILLAGE INC
5854 CLEVELAND RD
WOOSTER, OH 44691

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>SPRUCE TREE VILLAGE MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH8503812</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections</td>
<td>82</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 |

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

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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: SPRUCE TREE VILLAGE MHP

Contact NAME: SPRUCE TREE VILLAGE 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>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<tr>
<td>Revenue ID: 1321286</td>
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<td>Amount Due: $176.00</td>
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<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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</table>
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tr>
<td>Name: SKYLAND HILLS MHP</td>
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</tr>
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<td>PWS ID: OH7605412</td>
<td></td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 86</td>
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<td>Surface Water Source: No</td>
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</table>

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Pay this amount: $176.00

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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: SKYLAND HILLS MHP
Contact NAME: CARSON, ANDY

SIGNATURE OF OWNER _____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
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</tr>
<tr>
<td>Transaction ID:</td>
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</table>
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BIG PRAIRIE WATER CO.</th>
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</thead>
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<tr>
<td>PWS ID:</td>
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</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>52</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: **$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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** BIG PRAIRIE WATER CO.  
**PWS ID:** OH3800112

**Contact NAME:** BIG PRAIRIE WATER 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

<table>
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<tr>
<th>Due Date:</th>
<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>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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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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: CANTON DROP FORGE

Contact NAME: CANTON DROP FORGE

SIGNATURE OF OWNER

DATE

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321143 |
| 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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2. SIGN...
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SIGNATURE OF OWNER ________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321238
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.

---

CAMP TOODIK, OWNERS
7700 TR 462
LOUDONVILLE, OH 44842

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP TOODIK PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3831012</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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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

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</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
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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: CAMP TOODIK PWS
Contact NAME: CAMP TOODIK, OWNERS

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319001
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: PANCHAL, PRAKASH</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7720812</td>
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</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
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</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</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: BEST STOP PWS
Contact NAME: PANCHAL, PRAKASH

SIGNSATURE OF OWNER ___ DATE ______

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318844
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318844 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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>KEVIN B COCHRAN DDS INC PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8563112</td>
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<tr>
<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>
</tbody>
</table>

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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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: KEVIN B COCHRAN DDS INC PWS
Contact NAME: KEVIN B COCHRAN DDS 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: 1319815
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1319815 0000011200 LFCWS 0000000000 8
**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**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #17813 - ELLSWORTH</th>
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<tr>
<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>
<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.

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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 #17813 - ELLSWORTH

**PWS ID:** OH5055027

**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: | 1319312 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
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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: LONG LAKE PARK AND CAMPGROUND EAST
Contact NAME: LONG LAKE 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: 1319941
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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KEPLER INVESTMENTS LLC
14 E CASTON RD
AKRON, OH 44319

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name: KEPLER INVESTMENTS</td>
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<tr>
<td>PWS ID: OH7799941</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</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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FEES FOR YEAR 2020

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<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
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</thead>
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<tr>
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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: KEPLER INVESTMENTS
Contact NAME: KEPLER 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.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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<td>Transaction ID:</td>
<td>1319814 0000011200 LFCWS 000000000 9</td>
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</table>
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4. RETURN APPLICATION PROMPTLY...
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== PUBLIC WATER SYSTEM LICENSE NOTICE ==

Invoice/Revenue ID: 1319774

---

JAN'S CAMPGROUND LLC
6688 HOAGLAND - BLACKSTUB RD
CORTLAND, OH 44410

---

WATER SYSTEM INFORMATION

| Name: | JANS CAMPGROUND |
| PWS ID: | OH7843512 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

FEES FOR YEAR 2020

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

Pay this amount: $112.00

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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: JANS CAMPGROUND

Contact NAME: JAN'S CAMPGROUND 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: 1319774
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

1319774 0000011200 LFCWS 000000000 7
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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

**WATER SYSTEM INFORMATION**

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<thead>
<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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<td>Pay this amount: $112.00</td>
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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:** DOLLAR GENERAL #17594 - MESOPOTAMIA  
**PWS ID:** OH7856320

**Contact NAME:** ELLIOTT, KRISTIN

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319311 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319311 0000011200 LFCWS 00000000 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>LONG LAKE PARK AND CAMPGROUND WEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3834212</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>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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:** LONG LAKE PARK AND CAMPGROUND WEST

**PWS ID:** OH3834212

**Contact NAME:** LONG LAKE 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: | 1319940 |
| 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.

DALESIDE SYSTEMS, INC.
1285 DALESIDE DR
HINCKLEY, OH 44233

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DALESIDE SYSTEMS, INC. PWS ID: OH5200112
Contact NAME: DALESIDE SYSTEMS, 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>
<thead>
<tr>
<th>Name: DALESIDE SYSTEMS, INC.</th>
<th>Pay this amount:</th>
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<tbody>
<tr>
<td>PWS ID: OH5200112 COMMUNITY</td>
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<table>
<thead>
<tr>
<th>Name: DALESIDE SYSTEMS, INC.</th>
<th>Number of Service Connections:</th>
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<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>15</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

<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>
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<table>
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<th>Revenue ID: 1319251</th>
<th>Amount Due: $112.00</th>
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<tr>
<td>Due Date: 12/31/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1319251 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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 #17439 - THOMPSON
PWS ID: OH2876928
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: 1319310
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319310 0000011200 LFCWS 000000000 8
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 Northeast District Office - DDAGW at 330-963-1200

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: CAMP SUGARBUSH LODGE

Contact NAME: GIRL SCOUTS OF NORTH EAST 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: 1318999

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.

WHITEHOUSE FRUIT FARM A.M.L.C.
9249 YOUNGSTOWN-SALEM RD
CANFIELD, OH 44406

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: WHITEHOUSE FRUIT FARM</td>
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</tr>
<tr>
<td>PWS ID: OH5042712</td>
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</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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WHITEHOUSE FRUIT FARM
Contact NAME: WHITEHOUSE FRUIT FARM A.M.L.C.

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<td>Revenue ID: 1321033</td>
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<tr>
<td>Amount Due: $112.00</td>
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<tr>
<td>Type Code: LFCWS</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.

- 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 BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: CAMP BEAUMONT, BSA HEALTH CENTER PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH0432012</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 2</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

DETACH THIS 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 BEAUMONT, BSA HEALTH CENTER PWS
PWS ID: OH0432012
Contact NAME: CAMP BEAUMONT

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: 12/31/2019 |
| Revenue ID: 1318961 |
| 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.

UNDERWOODS PUB AND PIZZA
ATTN: TRACE UNDERWOOD
1925 N. CLEVELAND MASSILLON ROAD
AKRON, OH 44333

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...
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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
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.

---

LMT HARTVILLE
322 LAKE AVENUE
HARTVILLE, OH 44632

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LMT HARTVILLE</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7655312</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>130</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.

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

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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:** LMT HARTVILLE
**PWS ID:** OH7655312

**Contact NAME:** LMT HARTVILLE

---

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

---

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319932 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319932 0000011200 LFCWS 00000000 6 |
CAMP ROOSEVELT-FIREBIRD
4141 DUBLIN RD SW
BOROWERSTON, OH 44695

**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1030712</td>
</tr>
<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
<td>2</td>
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<td>No</td>
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</table>

**FEES FOR YEAR 2020**

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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

**PAY FEES...**

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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 ROOSEVELT-FIREBIRD PWS

Contact NAME: CAMP ROOSEVELT-FIREBIRD

SIGNATURE OF OWNER ___________________________ DATE ________________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318998
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.

---

KEN STEWART
PO BOX 1224
BATH, OH 44210

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>KEN STEWARTS LODGE PWS</th>
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<tr>
<td>Surface Water Source</td>
<td>No</td>
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### FEES FOR YEAR 2020

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</table>

---

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KEN STEWARTS LODGE PWS

Contact NAME: KEN STEWART

SIGNATURE OF OWNER ___________________________ DATE ___________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319812
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.
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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: DOLLAR GENERAL #16554 - CHESTERLAND

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: 1319305
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319305 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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BERLIN LAKE GOLF CLUB
PO BOX 445
NORTH BENTON, OH 44449

WATER SYSTEM INFORMATION

Name: BERLIN LAKE GOLF CLUB
PWS ID: OH6753012
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BERLIN LAKE GOLF CLUB  PWS ID: OH6753012
Contact NAME: BERLIN LAKE 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: 1318842
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.

DAIRY QUEEN-LISBON
9322 SR 45
LISBON, OH 44432

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: DAIRY QUEEN-LISBON
Contact NAME: DAIRY QUEEN-LISBON

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319250
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319250 0000011200 LFCWS 0000000000 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: ANHEUSER-BUSCH SALES OF CANTON  PWS ID: OH7668312
Contact NAME: ANHEUSER-BUSCH SALES OF CANTON

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318750
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318750 0000011200 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.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

LINDA MARTIN JUVENILE ATTENTION CENTER
6807 NONPARIEL RD
WOOSTER, OH 44691

WATER SYSTEM INFORMATION

Name: LINDA MARTIN JUVENILE ATTENTION CENTER
PWS ID: OH8550212
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: LINDA MARTIN JUVENILE ATTENTION CENTER
Contact NAME: LINDA MARTIN JUVENILE ATTENTION CENTER
PWS ID: OH8550212

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319927
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319927 0000011200 LFCWS 0000000003
A 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 Northeast District Office - DDAGW at 330-963-1200

**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: LILY OF THE VALLEY CAMPGROUND PWS

Contact NAME: LILY OF THE VALLEY CAMPGROUND PWS

PWS ID: OH2845412

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

CLARK, KELLY
16495 S FRANKLIN ST
CHAGRIN FALLS, OH 44023

WATER SYSTEM INFORMATION

| Name: | KELLYS WORKING WELL FARM |
| PWS ID: | OH2876945 |
| System Type: | NONCOMMUNITY NONTRANSIENT |
| Population Served: | 40 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KELLYS WORKING WELL FARM
Contact NAME: CLARK, KELLY

SIGNATURE OF OWNER

DATE

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319811
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**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: DOLLAR GENERAL #15988 - BRISTOLVILLE</th>
<th>PWS ID: OH7856318</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>

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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: $112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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:** DOLLAR GENERAL #15988 - BRISTOLVILLE

**PWS ID:** OH7856318

**Contact NAME:** SCULL, SHEILA

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID: 1319301</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>
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.

BENS RESTAURANT & BAR INC
17729 AKRON-CANFIELD RD
BERLIN CENTER, OH 44401

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: BENS RESTAURANT AND BAR INC PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5033012</td>
<td></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>
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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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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BENS RESTAURANT AND BAR INC PWS
Contact NAME: BENS RESTAURANT & BAR INC

Pay to: Treasurer, 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: 1318840
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WHISPERING PINES ESTATES - ORRVILLE
6658 PALMER ST NW
CANTON, OH 44718

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: WHISPERING PINES ESTATES - ORRVILLE PWS
Contact NAME: WHISPERING PINES ESTATES - ORRVILLE

PWS ID: OH8502912

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321027
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321027 0000011200 LFCWS 000000000 8
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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AKRON ROTARY CAMP
4460 REX LAKE DR
AKRON, OH 44319

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: AKRON ROTARY CAMP PWS
PWS ID: OH7772712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: AKRON ROTARY CAMP PWS
Contact NAME: AKRON ROTARY 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: 1318715
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Type Code: LFCWS
Transaction ID: 1318715 0000011200 LFCWS 000000000 1
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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.

---

**UH GEAUGA MEDICAL OFFICES**  
**ATTN: FACILITIES MANAGEMENT**  
**13207 RAVENNA ROAD**  
**CHARDON, OH 44024**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>UH GEAUGA MEDICAL OFFICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH2876812</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**

---

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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/](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:** UH GEAUGA MEDICAL OFFICES  
**PWS ID:** OH2876812  
**Contact NAME:** UH GEAUGA MEDICAL OFFICES

---

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

---

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

COZY RIDGE CAMP
4145 FRESNO RD
CARROLLTON, OH 44615

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: COZY RIDGE CAMP-UPPER PWS
Contact NAME: COZY RIDGE 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: 1319217
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DOLLAR GENERAL #14853 NORTON
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: 1319300
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319300 0000011200 LFCWS 0000000000 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

LIBERTY GREEN PLAZA
DAN MARCHETTA CONSTRUCTION, INC.
525 NORTH CLEVELAND-MASSILLON ROAD
AKRON, OH 44333

WATER SYSTEM INFORMATION

Name: LIBERTY GREEN PLAZA
PWS ID: OH7799212
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LIBERTY GREEN PLAZA
Contact NAME: LIBERTY GREEN PLAZA

SIGNATURE OF OWNER ______________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319917
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319917 000011200 LFCWS 000000000 5
WHISPERING PINES CAMPGROUND
MR. & MRS. NORMAN GERSTENSLAGER
P.O. BOX 15
ATWATER, OH 44201

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

Pay to: Treasurer, 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:
Due Date: 12/31/2019
Revenue ID: 1321026
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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #14559 WINDHAM</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6789512</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.

<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.

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DOLLAR GENERAL #14559 WINDHAM

PWS ID: OH6789512

Contact NAME: ELLIOTT, KRISTIN

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319299
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319299 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

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

ATTN: SHEILA SCULL, ENV. COMPLIANCE
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

DOLLAR GENERAL CORP

WATER SYSTEM INFORMATION
Name: DOLLAR GENERAL #14174 - HOMEWORTH
PWS ID: OH7677612
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: DOLLAR GENERAL #14174 - HOMEWORTH
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: 1319298
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319298 000001200 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DAIRY OASIS

Contact NAME: DAIRY OASIS

SIGNATURE OF OWNER __________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319248
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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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>1 CONFIRM THE WATER SYSTEM INFORMATION...</th>
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<tr>
<td>Name: VETERANS LEGACY WOODS</td>
<td>Such as System Name, System Type, Mailing Address, and Fee Amount.</td>
</tr>
<tr>
<td>PWS ID: OH2859812</td>
<td>IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200</td>
</tr>
<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>
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</tbody>
</table>

<table>
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<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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</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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

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: VETERANS LEGACY WOODS
Contact NAME: GEAUGA 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: 1320951
Amount Due: $112.00
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.

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: LEROY COUNTRY STORE</th>
<th>PWS ID: OH4340812</th>
</tr>
</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>
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**FEES FOR YEAR 2020**

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** LEROY COUNTRY STORE  
**PWS ID:** OH4340812  
**Contact NAME:** LEROY COUNTRY STORE

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on 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>Due Date:</th>
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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>1319913 0000011200 LFCWS 000000000 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
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TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**LEISURE LAKE PARK**
**PRESIDENT**
**PO BOX 303**
**DIAMOND, OH 44412**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LEISURE LAKE PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6746612</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<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. | TOTAL |
| ATTACHED IS A HANDBOOK 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: LEISURE LAKE PARK
Contact NAME: LEISURE LAKE PARK

---

**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 | 1319912 |
| Amount Due | $112.00 |
| Type Code | LFCWS |
| Transaction ID | 1319912 0000011200 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WHISPERING HILLS-SOUTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3838612</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>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**Fees for Year 2020**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$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.

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DOLLAR GENERAL #12693 - DELLROY
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: 1319297
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.

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.

AGARWAL, MUNNA
6107 LOCH LOMOND COURT
SOLON, OH 44103

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ALL AROUND CHILDREN DAYCARE                  PWS ID: OH2836512
Contact NAME: AGARWAL, MUNNA

SIGNATURE OF OWNER                                  DATE

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318719
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.

WHISPERING HILLS RECREATION INC
PO BOX 607
SHREVE, OH 44676

WATER SYSTEM INFORMATION

Name: WHISPERING HILLS-NORTH
PWS ID: OH3846812
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WHISPERING HILLS-NORTH
Contact NAME: WHISPERING HILLS RECREATION 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.**

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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.**

**JAKS FINE FOODS**  
PO BOX 266  
BRISTOLVILLE, OH 44402

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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>JAKS FINE FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7850012</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>
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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.

---

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

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** JAKS FINE FOODS  
**PWS ID:** OH7850012  
**Contact NAME:** JAKS FINE FOODS

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

Detached stub

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319771 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319771 0000011200 LFCWS 0000000000 0 |
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1320913

- 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 SPRINGS MEDICAL CENTER**  
PO BOX 247  
KIDRON, OH 44636

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TWIN SPRINGS MEDICAL CENTER</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8564712</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>
<td>No</td>
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**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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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: TWIN SPRINGS MEDICAL CENTER  
PWS ID: OH8564712  
Contact NAME: TWIN SPRINGS MEDICAL 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: | 1320913 |
| 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

### CONFIRM THE WATER SYSTEM INFORMATION...

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

### 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:** DOLLAR GENERAL #12518 - ROGERS  
**PWS ID:** OH1566012

**Contact NAME:** ELLIOTT, KRISTIN

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

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

| Ohio EPA |
| PO BOX 77005 |
| Cleveland, OH 44194-7005 |

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319296 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319296 0000011200 |
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>LEGEND LANES</th>
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<tbody>
<tr>
<td>PWS ID:</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>
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</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>

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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**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: LEGEND LANES
Contact NAME: LEGEND LANES

SIGNATURE OF OWNER __________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 13199909
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.

WHINERY ELM INN
P O BOX 194
MAXIMO, OH 44650

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
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<tbody>
<tr>
<td>Name:</td>
<td>WHINERY ELM INN PWS</td>
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<td>System Type:</td>
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<td></td>
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<td>Number of Wells:</td>
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<tr>
<td>Surface Water Source:</td>
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<td></td>
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</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
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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 ID: OH7664912

Pay to: Treasurer, 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>
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<tr>
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<th>Amount</th>
<th>Type Code</th>
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<td>Revenue ID:</td>
<td>1321022</td>
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<td>Amount Due:</td>
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<tr>
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<td></td>
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</table>

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
LEGEND LAKE GOLF CLUB INC
11135 AUBURN ROAD
CHARDON, OH 44024

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
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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: LEGEND LAKE GOLF CLUB INC
Contact NAME: LEGEND LAKE GOLF 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: 1319908
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319908 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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- 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

**WATER SYSTEM INFORMATION**

| Name: DOLLAR GENERAL #12516 - WEST FARMINGTON |
| PWS ID: OH2876512 |
| 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.

<table>
<thead>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** DOLLAR GENERAL #12516 - WEST FARMINGTON  
**PWS ID:** OH2876512

**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: | 1319294 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319294 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.

CIBIKS DAIRY ISLAND
8295 E WASHINGTON ST
CHAGRIN FALLS, OH 44023

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 Northeast District Office - DDAGW at 330-963-1200

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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: DAIRY ISLAND PWS  
Contact NAME: CIBIKS DAIRY ISLAND

SIGNATURE OF OWNER __________________________ DATE _______________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
<th>Invoice/Revenue ID: 1319247</th>
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<tr>
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<td>Transaction ID:</td>
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**WATER SYSTEM INFORMATION**

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<th>Name: DAIRY ISLAND PWS</th>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Surface Water Source: No</td>
<td></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.

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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.

JAH, INC.
OWNER
3907 WHEATLEY ROAD
RICHFIELD, OH 44286

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: JAH, INC.
Contact NAME: JAH, 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: 1319770
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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: DJS BAR
Contact NAME: DJS BAR AND 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
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

LAZY B CAMPGROUND
8375 FRIENDSVILLE ROAD
WOOSTER, OH 44691

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAZY B CAMPGROUND</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8531012</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>
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FEES FOR YEAR 2020

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

PWS NAME: LAZY B CAMPGROUND

Contact NAME: LAZY B 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: 1319899
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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---

**WATER SYSTEM INFORMATION**

Name: AKRON YACHT CLUB
PWS ID: OH7757012
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

**FEES FOR YEAR 2020**

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<tr>
<th>Description</th>
<th>Amount</th>
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DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** AKRON YACHT CLUB
**PWS ID:** OH7757012
**Contact NAME:** AKRON YACHT 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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<th>Name:</th>
<th>DISABLED AM VET 50 PWS</th>
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<td>OH7664612</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>
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DDAGW PW: Public Water System License to Operate (LFCWS)

Pay to:  Treasurer, 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: | 1319291 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Signature of Owner __________________________ Date ____________

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
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**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**LANNINGS RESTAURANT**
**MANAGER**
**826 N CLEVELAND-MASSILLON ROAD**
**AKRON, OH 44333**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LANNINGS RESTAURANT</th>
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<tr>
<td>PWS ID:</td>
<td>OH7753022</td>
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<td>System Type:</td>
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<td>Surface Water Source:</td>
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| Pay this amount: | $112.00 |

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

**PWS NAME:** LANNINGS RESTAURANT

**Contact NAME:** LANNINGS RESTAURANT

**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:** 1319898

**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: WESTVILLE LAKE CAMPGROUND #1</th>
<th>PWS ID: OH1533612</th>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
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</tr>
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DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** WESTVILLE LAKE CAMPGROUND #1  **PWS ID:** OH1533612

**Contact NAME:** WESTVILLE 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
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321021 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321021 0000011200 LFCWS 000000000 4 |
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

CAMP BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

WATER SYSTEM INFORMATION

Name: CAMP BEAUMONT, BSA CUB SCOUT WORLD PWS
PWS ID: OH0432212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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Pay this amount: $112.00

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP BEAUMONT, BSA CUB SCOUT WORLD PWS
Contact NAME: CAMP BEAUMONT

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318960
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TWIN SPRINGS GOLF COURSE PWS ID: OH1560312
Contact NAME: TWIN 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: 1320912
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320912 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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. PAY FEES...
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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: TUCAWAY LAKE
Contact NAME: TUCAWAY LAKE

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320894
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320894 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.

MSTC DEVELOPMENT
556 NILES CORTLAND RD. SE
WARREN, OH 44484

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: INN AT THE PINES ALF & MC
Contact NAME: MSTC DEVELOPMENT

SIGNATURE OF OWNER __________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319743
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319743 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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DIETZ’S LANDING PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7775912</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**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: | 1319290 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319290 0000011200 LFCWS 0000000000 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DIAMOND COMMUNITY PARK PWS

Contact NAME: PLAIN TOWNSHIP TRUSTEES

SIGNATURE OF OWNER __________________________ DATE __________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319289
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: WESTVILLE LAKE C. C., INC.
PWS ID: OH1533712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: WESTVILLE LAKE C. C., INC.
Contact NAME: WESTVILLE LAKE C. C., 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: 1321020
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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 MCKINLEY BSA DINING PWS
Contact NAME: CAMP MCKINLEY

SIGNATURE OF OWNER ___________________________________________ DATE ____________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318989
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE
Invoice/Revenue ID: 1319287

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.

DFC MOBILE HOME PARK
TIM ADKINS
1568 LENOX NEW LIME ROAD
JEFFERSON, OH 44047

FOLLOW THESE IMPORTANT STEPS IN Completing This Application

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: DFC MOBILE HOME PARK</th>
<th>PWS ID: OH0400512</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 45</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></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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: DFC MOBILE HOME PARK
Contact NAME: DFC 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: 1319287
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>KAUFMAN CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7655712</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**

| TOTAL |

---

Pay this amount: **$112.00**

**ATTACHED**

A 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.

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

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

**PWS NAME:** KAUFMAN CENTER

**Contact NAME:** KAUFMAN CENTER

**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: | 1319807 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319807 0000011200 LFCWS 0000000000 |

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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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DETACH THIS 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 OFFICE PARK AND PRESCHOOL PWS
PWS ID: OH7789612
Contact NAME: VALLEY OFFICE PARK 2

SIGNATURE OF OWNER ____________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320941
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320941 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.

CAMP LUZ
152 KIDRON RD
ORRVILLE, OH 44667

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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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
   - 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 ID: OH8532912

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: 1318988
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.

LAKESIDE GOLF COURSE
2404 SE RIVER RD
LAKE MILTON, OH 44429

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKESIDE GOLF COURSE
Contact NAME: LAKESIDE 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: 1319890
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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WESTERN RESERVE PARK
10580 WESTERN RESERVE RD
CANFIELD, OH 44406

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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   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: WESTERN RESERVE PARK - CAMPGROUND PWS
Contact NAME: WESTERN RESERVE 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: 1321019
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**

**DEVILLE APARTMENTS & BUILDERS INC.**
4811 WHIPPLE AVENUE NW
SUITE 101
CANTON, OH 44718

---

**WATER SYSTEM INFORMATION**

- **Name:** DEVILLE APARTMENTS
- **PWS ID:** OH7674412
- **System Type:** COMMUNITY
- **Number of Service Connections:** 24
- **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.

Attatched 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

---

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** DEVILLE APARTMENTS

**Contact NAME:** DEVILLE APARTMENTS & BUILDERS INC.

---

**SIGNATURE OF OWNER**

---

Due Date: 12/31/2019

Revenue ID: 1319286

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1319286 0000001200 LFCWS 0000000000 8

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

### PUBLIC WATER SYSTEM LICENSE NOTICE

**2020**  
Invoice/Revenue ID: 1319888

---

**LAKESIDE CAMPGROUND**  
P O BOX 76  
BERLIN CENTER, OH 44401

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKESIDE CAMPGROUND</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5035812</td>
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<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>
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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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<tr>
<td></td>
<td>$112.00</td>
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</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.

---

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKESIDE CAMPGROUND

Contact NAME: LAKESIDE CAMPGROUND

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: 1319888  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID: 1319888 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.

WESTERN RESERVE PARK
10580 WESTERN RESERVE RD
CANFIELD, OH 44406

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

ATTACH A COPY OF THIS PAGE TO YOUR APPLICATION.

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WESTERN RESERVE PARK - BATHHOUSE PWS
Contact NAME: WESTERN RESERVE 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: 1321018
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321018 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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GUNZBURG, ELI
29225 CHAGRIN BLVD # 230
#230
PEPPER PIKE, OH 44122

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 RIDGE REHABILITATION & CARE PWS ID: OH7602112
Contact NAME: GUNZBURG, ELI

SIGNATURE OF OWNER _____________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319769
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319769 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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1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ISLAND CREEK GRILLE PWS
Contact NAME: ISLAND CREEK GRILLE

SIGNATURE OF OWNER ___________________________ DATE _______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319753
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>CAMP LEDGEOWOOD</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7731619</td>
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<td>System Type:</td>
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<td>Number of Wells:</td>
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</tr>
<tr>
<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>
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<tr>
<td>Pay this amount: $112.00</td>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

---

DETACH THIS 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 LEDGEOWOOD

**Contact NAME:** GIRL SCOUTS OF NORTH EAST 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>
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<th>Due Date:</th>
<th>12/31/2019</th>
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<tr>
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<td>1318987 0000011200 LFCWS 000000000 2</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.

LAKE-IN-WOODS HOMEOWNERS ASSN
TREASURER
8575 LAKE-IN-THE-WOODS TRAIL
CHAGRIN FALLS, OH 44023

WATER SYSTEM INFORMATION
Name: LAKE-IN-WOODS
PWS ID: OH2853812
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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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: LAKE-IN-WOODS
Contact NAME: LAKE-IN-WOODS HOMEOWNERS ASSN

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319884
Amount Due: $112.00
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.**

---

**KATIES KORNERS INC**

1105 TIBBITS-WICK RD

GIRARD, OH 44420

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KATIES KORNERS INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7855412</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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**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: $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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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:** KATIES KORNERS INC

**Contact NAME:** KATIES KORNERS INC

---

**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>
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</table>
FLOYD, KRISTINA
P.O. BOX 5510
MESA, AZ 85211

**WATER SYSTEM INFORMATION**

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<tr>
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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>
<td>No</td>
</tr>
</tbody>
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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.

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

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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:** PENNYS #9607
**PWS ID:** OH7792012

**Contact NAME:** FLOYD, KRISTINA

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

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

LAKE PNA SPORTSMAN CLUB
PO BOX 5
NORTH GEORGETOWN, OH 44665

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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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: LAKE PNA SPORTSMAN CLUB PWS
Contact NAME: LAKE PNA SPORTSMAN 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: 1319879
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>WESTERN RESERVE MOTORCYCLE CLUB PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5055026</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: WESTERN RESERVE MOTORCYCLE CLUB PWS

Contact NAME: WYNN, AL

SIGNATURE OF OWNER __________________________ DATE __________________________

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

Due Date: 12/31/2019

Revenue ID: 1321017

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: VALLEY MOBILE HOMES
Contact NAME: COLONY VILLAGE, 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: | 1320940 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CAMP HO MITA KODA
Contact NAME: ROBERTS, IAN

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318985
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKE O PINES PWS
Contact NAME: LAKE OPINES

SIGNATURE OF OWNER  ___________________________  DATE  __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319873
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>CAMP BETHANY-MAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3845512</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.

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** CAMP BETHANY-MAIN

**PWS ID:** OH3845512

**Contact NAME:** OHIO BOARD OF CHRISTIAN EDUCATION

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318968 |
| 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.

DEESEE BP
12411 KINSMAN RD
BURTON, OH 44021

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DEESEE BP PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2864112</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>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>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: DEESEE BP PWS
Contact NAME: DEESEE BP

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319278
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKE MILTON RV RESORT & MHP
Contact NAME: LAKE MILTON RV 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: 1319872
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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)

WATER SYSTEM INFORMATION

Name: JUST 4 KIDZ CHILDCARE & LEARNING CENTER
PWS ID: OH2873412
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 83
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.

Just 4 Kidz
13896 Gar Highway
Chardon, OH 44024

SIGNATURE OF OWNER __________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319803
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319803 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: VALLEY INN
Contact NAME: VALLEY 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: 1320938
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.

---

**CRAFTSMEN RECREATION CLUB**
4450 REX LAKE DR
NEW FRANKLIN, OH 44319

**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 Northeast District Office - DDAGW at 330-963-1200

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: CRAFTSMEN RECREATION CLUB CAMPGROUND PWS | OH7799923 |
| System Type: TRANSIENT NONCOMMUNITY |
| Number of Wells: 1 |
| Surface Water Source: No |

**FEES FOR YEAR 2020**

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**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:** CRAFTSMEN RECREATION CLUB CAMPGROUND PWS

**PWS ID:** OH7799923

**Contact NAME:** CRAFTSMEN RECREATION 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: 1319220 |
| 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.

ICASI CULINARY SCHOOL
C/O EMIL AND LORETTA PAGANINI
10427 MAYFIELD RD
CHESTERLAND, OH 44026

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>INT CULINARY ARTS SCIENCES INST (ICASI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2873912</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>32</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: INT CULINARY ARTS SCIENCES INST (ICASI) PWS ID: OH2873912
Contact NAME: ICASI CULINARY 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>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1319746</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>1319746 0000011200 LFCWS 000000000 2</td>
</tr>
</tbody>
</table>
**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.

**Lusvarghi, Fernando**
15487 Creed Road
Lake Milton, OH 44429

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>LAKE MILTON - BERLIN KOA SOUTH WELL PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH5043322</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<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**

| 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 Northeast District Office - DDAGW at 330-963-1200

**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:** LAKE MILTON - BERLIN KOA SOUTH WELL PWS  
**PWS ID:** OH5043322

**Contact NAME:** LUSVARGHI, FERNANDO

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Due Date:</th>
<th>12/31/2019</th>
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<td>1319871</td>
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<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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKE MILTON ‐ BERLIN KOA NORTH WELL PWS
Contact NAME: LUSVARGHI, FERNANDO

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: 1319870
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WATER SYSTEM INFORMATION

Name: WEST GEAUGA PLAZA-NORTH
PWS ID: OH2862612
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...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WEST GEAUGA PLAZA-NORTH  PWS ID: OH2862612
Contact NAME: WEST GEAUGA PLAZA-NORTH

SIGNATURE OF OWNER ___________________________ DATE ______________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321011
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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2 SIGN...
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: LAKE METROPARKS HIDDEN LAKE PARK
Contact NAME: LAKE METROPARKS

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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DETACH THIS 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 GOLF COURSE
Contact NAME: DEER 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

Due Date: 12/31/2019
Revenue ID: 1319276
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319276 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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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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Name</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>
<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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<thead>
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<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</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.

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

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

**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: VALLEY GOLF CLUB-HANDPUMP

PWS ID: OH1563712

Contact NAME: 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CAMP GIDEON RETREAT CENTER
P.O. BOX 313
DAMASCUS, OH 44619

WATER SYSTEM INFORMATION

Name: CAMP GIDEON RETREAT CENTER
PWS ID: OH1042012
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMP GIDEON RETREAT CENTER
Contact NAME: CAMP GIDEON RETREAT 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: 1318983
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

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<th>Name:</th>
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<td>PWS ID:</td>
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<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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

PWS NAME: NEW ADVENTURES EARLY LEARNING CENTER

Contact NAME: LANE, THOMAS

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: 1320123
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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4. RETURN APPLICATION PROMPTLY...
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---

WATER SYSTEM INFORMATION

Name: LAKE KIM TAM SHELTERHOUSE PWS
PWS ID: OH7799921
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LAKE KIM TAM SHELTERHOUSE PWS
Contact NAME: CAUDILL, JEREMY

SIGNATURE OF OWNER ___________________________ DATE __________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319865 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JUNCTION BUICK</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>55</td>
</tr>
<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>
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<tr>
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**SIGNATURE OF OWNER**

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: NEOSA SALVATION ARMY CAMP

Contact NAME: NEOSA SALVATION ARMY 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: 1320122

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

NELSON LEDGES QUARRY PARK
11835 BELL ROAD
NEWBURY, OH 44065

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>NELSON LEDGES QUARRY PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6748912</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>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: NELSON LEDGES QUARRY PARK
Contact NAME: NELSON LEDGES QUARRY PARK

PWS ID: OH6748912

Signature of Owner: ____________________________ Date: ____________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320121 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320121 0000011200 LFCWS 000000000 5 |
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1319864

- 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.

CAUDILL, JEREMY  
P.O. BOX 98  
CLINTON, OH 44216

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKE KIM TAM PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7736212</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>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKE KIM TAM PARK</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7736212</td>
</tr>
<tr>
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<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>

- Confirm the water system information...  
  Such as System Name, System Type, Mailing Address, and Fee Amount.  
  If this information is incorrect contact Northeast District Office - DDAGW at 330-963-1200

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

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:** LAKE KIM TAM PARK  
**PWS ID:** OH7736212  
**Contact NAME:** CAUDILL, JEREMY

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>12/31/2019</th>
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<tr>
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<td>1319864</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<tr>
<td>Transaction ID:</td>
<td>1319864 0000011200</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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.

---

**J CEMPS LTD**
8719 STATE RTE 534
PO BOX 230
MESOPOTAMIA, OH 44439

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>END OF COMMONS PWS</th>
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<tbody>
<tr>
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<td>OH7856012</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>
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<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.

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

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

PWS NAME: END OF COMMONS PWS

PWS ID: OH7856012

Contact NAME: J CEMPS 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: 1319398
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.

---

**NEW BALTIMORE ICE CREAM**
2929 EDISON STREET NW
UNIONTOWN, OH 44685

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NEW BALTIMORE ICE CREAM</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7672112</td>
</tr>
<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>
<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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: NEW BALTIMORE ICE CREAM
Contact NAME: NEW BALTIMORE 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: | 1320124 |
| 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.

CASTLEBAR 20 LLC
ATTN TIM BRATZ
13443 DETROIT AVE
LAKEWOOD, OH 44107

WATER SYSTEM INFORMATION

Name: CASTLEBAR APARTMENTS PWS
PWS ID: OH7606922
System Type: COMMUNITY
Number of Service Connections: 32
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: CASTLEBAR APARTMENTS PWS
Contact NAME: CASTLEBAR 20 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: 1319045
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

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: NEW DAY RECOVERY
Contact NAME: AMENDOLARA, LAURIE

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, 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: 1320127
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.

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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

NEW DESTINY TREATMENT CENTER
6694 TAYLOR RD
CLINTON, OH 44216

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>NEW DESTINY TREATMENT CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8552512</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>68</td>
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<tr>
<td>Surface Water Source</td>
<td>No</td>
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</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>
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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>
<td>$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 Northeast District Office - DDAGW at 330-963-1200

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/

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 DESTINY TREATMENT CENTER
PWS ID: OH8552512

Contact NAME: NEW DESTINY TREATMENT CENTER

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: 1320128
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320128 0000011200 LFCWS 000000000 8
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:      | ASM INTERNATIONAL |
| PWS ID:    | OH2857812         |
| System Type: | NONCOMMUNITY NONTRANSIENT |
| Population Served: | 102 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: ASM INTERNATIONAL

Contact NAME: ASM INTERNATIONAL

SIGNATURE OF OWNER ___________________________ DATE ____________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1318772
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0000000000

1318772 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**

- **Name:** BLAZIN BILLS PWS
- **PWS ID:** OH2876944
- **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>Pay this amount: <strong>$112.00</strong></th>
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| Application MUST be signed and dated in the designated area below. | 1
| 1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200 |
| 2. SIGN... | 2
| 3. PAY FEES... Please pay the required fee by check, money order or credit card. |
| Pay this amount: **$112.00** | 3
| - Make check or money order payable to: TREASURER STATE OF OHIO |
| - For Information on paying by Credit Card go to http://epa.ohio.gov/ | 3
| 4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below. | 4

---

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

**PWS NAME:** BLAZIN BILLS PWS

**PWS ID:** OH2876944

**Contact NAME:** BLAZIN BILLS 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:** 1318866

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
**NEW FRANKLIN**
5611 MANCHESTER RD
NEW FRANKLIN, OH 44319

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
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</thead>
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<td>PWS ID:</td>
<td>OH7700036</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</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.

**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.**

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

**PWS NAME:** NEW FRANKLIN CITY HALL PWS  
**PWS ID:** OH7700036

**Contact NAME:** NEW FRANKLIN

**SIGNATURE OF OWNER**  

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>12/31/2019</th>
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<td>1320129</td>
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<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>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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: NEWBURY-KINSMAN LLC
Contact NAME: NEWBURY-KINSMAN CENTRE

SIGNATURE OF OWNER ___________________________ DATE ___________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320135
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.

---

**BLAZIN BILLS RESTAURANT**  
18235 QUINN RD  
CHAGRIN FALLS, OH 44023

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BLAZIN BILLS RESTAURANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2830312</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>
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</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>Pay this amount:</th>
</tr>
</thead>
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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>
<td><strong>$112.00</strong></td>
</tr>
</tbody>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** BLAZIN BILLS RESTAURANT  
**PWS ID:** OH2830312

**Contact NAME:** BLAZIN BILLS RESTAURANT

---

**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:** 1318867  
**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.

CATHYS KITCHEN
OWNER
6161 NORCO ROAD
CARROLLTON, OH 44615

WATER SYSTEM INFORMATION

Name: CATHYS KITCHEN PWS
PWS ID: OH1042112
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: CATHYS KITCHEN PWS
Contact NAME: CATHYS KITCHEN

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319049
Amount Due: $112.00
Type Code: LFCWS

TRANSACTION ID: 1319049 0000011200 LFCWS 000000000 6
# PUBLIC WATER SYSTEM LICENSE NOTICE

**EVERGREEN PARK RV RESORT LTD.**

**Address:**
16359 DOVER RD.
DUNDEE, OH 44624

---

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

<table>
<thead>
<tr>
<th>Important Steps</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>CONFIRM THE WATER SYSTEM INFORMATION...</strong>&lt;br&gt;Such as System Name, System Type, Mailing Address, and Fee Amount.&lt;br&gt;IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200</td>
</tr>
<tr>
<td>2</td>
<td><strong>SIGN...</strong>&lt;br&gt;Application MUST be signed and dated in the designated area below.</td>
</tr>
<tr>
<td>3</td>
<td><strong>PAY FEES...</strong>&lt;br&gt;Please pay the required fee by check, money order or credit card.&lt;br&gt;- Make check or money order payable to: TREASURER STATE OF OHIO&lt;br&gt;- For Information on paying by Credit Card go to <a href="http://epa.ohio.gov/">http://epa.ohio.gov/</a></td>
</tr>
<tr>
<td>4</td>
<td><strong>RETURN APPLICATION PROMPTLY...</strong>&lt;br&gt;Return the signed application along with the appropriate fee by the DUE DATE listed below.</td>
</tr>
</tbody>
</table>

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>EVERGREEN PARK PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8562412</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>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
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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>
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</thead>
<tbody>
<tr>
<td><strong>PAY THIS AMOUNT:</strong></td>
</tr>
<tr>
<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:** EVERGREEN PARK PWS

**Contact NAME:** EVERGREEN PARK RV RESORT 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: | 1319407 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

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1319407 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.

CAUSEWAY CAMPGROUND
7100 E LAKE ROAD
LISBON, OH 44432

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: CAUSEWAY CAMPGROUND</td>
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<tr>
<td>PWS ID: OH1556612</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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
- 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: CAUSEWAY CAMPGROUND
Contact NAME: CAUSEWAY 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: 1319050
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

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

PWS NAME: 57 MARATHON
Contact NAME: 57 MARATHON

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318690
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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---

### PUBLIC WATER SYSTEM LICENSE NOTICE

**2020**

| Invoice/Revenue ID: | 1318701 |

---

**ABEL TALENT ACADEMY**  
7600 SOUTH RANGE RD.  
GREENFORD, OH 44460

---

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>ABLE TALENT SPACE CENTER</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5038712</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>110</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
</table>

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $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:** ABLE TALENT SPACE CENTER  
**Contact NAME:** ABEL TALENT ACADEMY

---

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

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

**Ohio EPA**  
PO BOX 77005  
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318701 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318701 0000011200 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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THE BLIND SQUIRREL WINERY
7918 PETTIBONE RD
BAINBRIDGE, OH 44023

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BLIND SQUIRREL WINERY PWS
Contact NAME: THE BLIND SQUIRREL WINERY

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318868
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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**WATER SYSTEM INFORMATION**

Name: NORTH BENTON DAIRY BAR PWS  
PWS ID: OH5055020
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.

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

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...  
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: NORTH BENTON DAIRY BAR PWS  
PWS ID: OH5055020
Contact NAME: MORRIS, 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

<table>
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<td>Amount Due:</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FAIRLAWN SWIM & TENNIS CLUB
TREASURER
P.O. BOX 5136
AKRON, OH 44334

WATER SYSTEM INFORMATION

Name: FAIRLAWN SWIM AND TENNIS CLUB
PWS ID: OH7722112
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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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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- For Information on paying by Credit Card go to http://epa.ohio.gov/

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319412
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**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.**

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NORTH BENTON SHORES ASSOCIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6703812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>18</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>$112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** 1320147
**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

FAIRMOUNT CENTER FOR THE ARTS
8400 FAIRMOUNT RD
NOVELTY, OH 44072

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: FAIRMOUNT CENTER FOR THE ARTS</th>
<th>PWS ID: OH2832212</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

<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>$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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FAIRMOUNT CENTER FOR THE ARTS
Contact NAME: FAIRMOUNT CENTER FOR THE ARTS

SIGNATURE OF OWNER ______________________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319413
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319413 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

**WATER SYSTEM INFORMATION**

| Name: | NORTH END |
| PWS ID: | OH7735412 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 END
Contact NAME: NORTH END

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: 1320150 |
| Due Date: 12/31/2019 |
| Revenue ID: 1320150 |
| 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.

TWIN LAKES FAIRWAYS LLC
PO BOX 1070
RAVENNA, OH 44266

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FAIRWAYS AT TWIN LAKES-CABIN PRO SHOP
Contact NAME: TWIN LAKES FAIRWAYS 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

Pay this amount: $112.00

Due Date: 12/31/2019
Revenue ID: 1319414
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 PLAZA-HARTVILLE
Contact NAME: CHESSCO 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: 1320153
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.

TWIN LAKES FAIRWAYS LLC
PO BOX 1070
RAVENNA, OH 44266

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: FAIRWAYS AT TWIN LAKES-THE OVERLOOK</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6772212</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FAIRWAYS AT TWIN LAKES-THE OVERLOOK
Contact NAME: TWIN LAKES FAIRWAYS 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: 1319415
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319415 0000011200 LFCWS 000000000 2
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1319416

- 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.

FALCON CAMP
4251 DELTA RD SW
CARROLLTON, OH 44615

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FALCON CAMP
PWS ID: OH1035612
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

Fees for Year 2020

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: FALCON CAMP  PWS ID: OH1035612
Contact NAME: FALCON 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: 1319416
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1319416 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

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: NORTH WOODS INC.  PWS ID: OH7738812
Contact NAME: NORTH WOODS 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: 1320156
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.

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
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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: FAMILY DOLLAR - BELOIT (STORE #9180) PWS
Contact NAME: CM PROPERTIES - BELOIT 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

Due Date: 12/31/2019
Revenue ID: 1319417
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>FAMILY DOLLAR - LISBON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1566517</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

| TOTAL | Pay this amount: $112.00 |

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.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** FAMILY DOLLAR - LISBON

**Contact NAME:** NGUYEN - FC, THIEN

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319418 |
| 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.

BLOSSOM HILL HEALTH CARE RESIDENCE
12496 PRINCETON ROAD
P.O. BOX 369
HUNTSBURG, OH 44046

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BLOSSOM HILL CARE CENTER
Contact NAME: BLOSSOM HILL HEALTH CARE RESIDENCE

SIGNATURE OF OWNER __________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: 1318871 0000011200 LFCWS 00000000 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

1 CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CEDARJJJ
Contact NAME: CARBONE, CARMEN

SIGNATURE OF OWNER _______________________________ DATE ________________

Pay to: Treasurer, 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
PWS NAME: CEDARJJJ
Contact NAME: CARBONE, CARMEN

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1319055
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319055 0000011200 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: NORTON PUBLIC LIBRARY
Contact NAME: AKRON-SUMMIT COUNTY PUBLIC LIBRARY

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320165
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320165 0000011200 LFCWS 0000000000 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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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)
Name: NOTRE DAME SISTERS AND ELEMENTARY SCHOOL
PWS ID: OH2802412
System Type: COMMUNITY
Number of Service Connections: 1
Surface Water Source: No

Pay this amount: $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.

Payable to: Treasurer, State of Ohio
Ohio EPA
PO Box 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320166
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320166 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.

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FARMERS RAIL, LLC
ATTN: DAVID MCILVAINE
1572 N CLEVELAND MASSILLON RD
AKRON, OH 44333

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
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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/

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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: 1319423
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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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FARMERSTOWN COMMUNITY LIVESTOCK AUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3843312</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: FARMERSTOWN COMMUNITY LIVESTOCK AUCTION  

PWS ID: OH3843312

Contact NAME: FARMERSTOWN AUCTION 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: 1319424  
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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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CENTERVILLE MILLS LAKESIDE CENTER
Contact NAME: CENTERVILLE MILLS 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: 1319058
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319058 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.

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WERTZ, JONATHAN
2721 BLAKE ROAD
WADSWORTH, OH 44281

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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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: FAT BOYS PIZZA PWS
Contact NAME: WERTZ, JONATHAN

SIGNATURE OF OWNER ____________________________ DATE ____________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319426
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: 1319427

- **FFA CAMP MUSKINGUM**
  3266 DYEWOOD ROAD, SW
  CARROLLTON, OH 44615

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: FFA CAMP MUSKINGUM</th>
<th>PWS ID: OH1031512</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 2</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>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
</tr>
<tr>
<td>Pay this amount: $112.00</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>
</tr>
</tbody>
</table>

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

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

**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:** FFA CAMP MUSKINGUM

**Contact NAME:** FFA CAMP MUSKINGUM

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on 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>1319427</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>8</td>
</tr>
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</table>
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DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: AUBURN INN

Contact NAME: AUBURN 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

<table>
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<tr>
<th>Due Date:</th>
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<tr>
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<td>1318775</td>
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<td>Amount Due:</td>
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</tr>
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<td>Transaction ID:</td>
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BLUE BARN WINERY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8564612</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

**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:** BLUE BARN WINERY PWS

**Contact NAME:** BLUE BARN WINERY

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
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<td>Amount Due:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
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<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: CENTERVILLE MILLS PARK PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2831012</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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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319059
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

FINNEYS MARATHON
11061 SR 39
MILLERSBURG, OH 44654

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FINNEYS MARATHON PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3845812</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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**FEES FOR YEAR 2020**

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SIGN...

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FINNEYS MARATHON PWS
Contact NAME: FINNEYS MARATHON

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319429 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319429 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.

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

OAKHILL MANOR CARE CENTER
4466 LYNNHAVEN AVENUE NE
LOUISVILLE, OH 44641

WATER SYSTEM INFORMATION

Name: OAKHILL MANOR CARE CENTER
PWS ID: OH7608012
System Type : COMMUNITY
Number of Service Connections: 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: OAKHILL MANOR CARE CENTER
Contact NAME: OAKHILL MANOR 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: 1320182
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320182 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.

FIORES ITALIAN RISTORANTE
2179 E LINCOLN WAY
WOOSTER, OH 44691

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

PWS NAME: FIORES ITALIAN RISTORANTE
Contact NAME: FIORES ITALIAN RISTORANTE

SIGNATURE OF OWNER __________________________  DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
</thead>
<tbody>
<tr>
<td>Name: FIORES ITALIAN RISTORANTE</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8556912</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 2</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

Due Date: 12/31/2019
Revenue ID: 1319430
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.

FIRE AND ICE PUB
PO BOX 2
FREDERICKSBURG, OH 44627

WATER SYSTEM INFORMATION
Name: FIRE AND ICE PUB PWS
PWS ID: OH3844712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FIRE AND ICE PUB PWS
Contact NAME: FIRE AND ICE 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: 1319431
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: OCCASIONS PARTY CENTRE  
PWS ID: OH7737612  
Contact NAME: OCCASIONS PARTY CENTRE

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
</thead>
<tbody>
<tr>
<td>Name: OCCASIONS PARTY CENTRE</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7737612</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>

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

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Due Date: 12/31/2019
Revenue ID: 1320186
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320186 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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 OIL CO-STATION 410 PWS
PWS ID: OH6734812
Contact NAME: CERTIFIED 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.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319061
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**FIREHOUSE GRILL & PUB**

2437 CANTON RD

AKRON, OH 44312

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FIREHOUSE GRILL AND PUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7738512</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>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

---

**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:** FIREHOUSE GRILL AND PUB

**Contact NAME:** FIREHOUSE GRILL & PUB

**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:** 1319432

**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.

STARK PARKS STARK COUNTY PARK DISTRICT
ATTN: MARIAH BASWELL
5300 TYNER ST NW
CANTON, OH 44708

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ODNR-QUAIL HOLLOW MANOR HOUSE

Contact NAME: STARK PARKS STARK COUNTY 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: 1320221
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>OGURA MARTIAL ARTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6788812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<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.

<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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019
**Revenue ID:** 1320256
**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: OHIO DRILL AND TOOL CO.  
PWS ID: OH1532412

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: OHIO DRILL AND TOOL CO.</th>
<th>PWS ID: OH1532412</th>
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</thead>
<tbody>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Population Served: 40</td>
</tr>
<tr>
<td>Surface Water Source: No</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.

Pay this amount: $112.00

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<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.

Signed Application: [Signature]

DATE: [Date]

Due Date: 12/31/2019
Revenue ID: 1320262
Amount Due: $112.00
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: AUBURN SKILLED NURSING AND REHABILITATION

Contact NAME: AUBURN SKILLED NURSING & REHAB

SIGNATURE OF OWNER __________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318776
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318776 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

CHAGRIN VALLEY HUNT CLUB-POOL
7620 OLD MILL ROAD
PO BOX 159
GATES MILLS, OH 44040

WATER SYSTEM INFORMATION

Name: CHAGRIN VALLEY HUNT CLUB
PWS ID: OH1832612
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHAGRIN VALLEY HUNT CLUB
Contact NAME: CHAGRIN VALLEY HUNT CLUB-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

Due Date: 12/31/2019
Revenue ID: 1319063
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: OHIO EDISON KENT
Contact NAME: FIRSTENERGY 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: 1320265
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 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>CHALET DEBONNE VINEYARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4341211</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>
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**FEES FOR YEAR 2020**

<table>
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<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.

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** CHALET DEBONNE VINEYARD  
**PWS ID:** OH4341211  
**Contact NAME:** CHALET DEBONNE VINEYARD

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1319064  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
**FISHERMANS CENTRAL**
5461 MANCHESTER RD  
NEW FRANKLIN, OH 44319

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name: FISHERMANS CENTRAL PLAZA PWS</td>
<td></td>
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<tr>
<td>PWS ID: OH7777612</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>

**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.

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**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: FISHERMANS CENTRAL PLAZA PWS  
PWS ID: OH7777612

Contact NAME: FISHERMANS CENTRAL

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1319438  
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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHALET IN THE VALLEY
Contact NAME: CHALET IN THE 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.

<table>
<thead>
<tr>
<th>CHALET IN THE VALLEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>5060 SR 557</td>
</tr>
<tr>
<td>MILLERSBURG, OH 44654</td>
</tr>
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</table>

WATER SYSTEM INFORMATION

- Name: CHALET IN THE VALLEY
- PWS ID: OH3843212
- 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.

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
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---

**WATER SYSTEM INFORMATION**

- Name: OIG LIMITED PWS
- PWS ID: OH7787812
- System Type: NONCOMMUNITY NONTRANSIENT
- Population Served: 27
- Surface Water Source: No

**FEES FOR YEAR 2020**

<table>
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<tr>
<th>OIG LIMITED PWS</th>
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<tbody>
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<td>Pay this amount:</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: OIG LIMITED PWS
Contact NAME: OIG LIMITED

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320277
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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---

FIVE STAR BP PARKMAN
16220 MAIN MARKET RD
PO BOX 589
PARKMAN, OH 44080

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: FIVE STAR BP-PARKMAN PWS</td>
<td></td>
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<tr>
<td>PWS ID: OH2864412</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
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<td>Surface Water Source: No</td>
<td></td>
</tr>
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</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. **SIGN**
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     - 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:** FIVE STAR BP-PARKMAN PWS

**Contact NAME:** FIVE STAR BP PARKMAN

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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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<td>Revenue ID: 1319443</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>
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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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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: OLD COUNTRY INN</td>
</tr>
<tr>
<td>PWS ID: OH6774812</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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
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<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>
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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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
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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: OLD COUNTRY INN
Contact NAME: OLD COUNTRY 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: 1320280
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.

PATTERSON, RUSSTINA
2036 VILLAGE ST SE
CANTON, OH 44707

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OLD LANDMARK TAVERN</th>
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<tr>
<td>PWS ID:</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>
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<tr>
<th></th>
<th>TOTAL</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**SIGN...**

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**PAY FEES...**

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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: OLD LANDMARK TAVERN
Contact NAME: PATTERSON, RUSSTINA

SIGNATURE OF OWNER ___________________________ DATE _____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320281
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320281 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. 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: CHAPARRAL FAMILY CAMPGROUND PWS
Contact NAME: CHAPARRAL FAMILY 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: 1319067
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**PUBLIC WATER SYSTEM LICENSE NOTICE**

**FLYING B GOLF COURSE**

**13223 W MIDDLETOWN RD**  
**SALEM, OH 44460**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FLYING B GOLF COURSE</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5046212</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>
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**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

---

**SIGN...**

**IMPORTANT**  
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  [http://epa.ohio.gov/](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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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**DDAGW PW - Public Water System License to Operate (LFCWS)**  
**PWS NAME:** FLYING B GOLF COURSE  
**PWS ID:** OH5046212

**Contact NAME:** FLYING B 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**

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<table>
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<th>Due Date</th>
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<td>Revenue ID:</td>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
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</table>
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OLD STONE JAIL</th>
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<td>PWS ID:</td>
<td>OH7754612</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>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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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.

---

**NOTE:**

- **DETACH THIS 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 JAIL**
- **PWS ID: OH7754612**
- **Contact NAME: OLD STONE JAIL**

**SIGNATURE OF OWNER**

---

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>1320286</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></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.

---

**FLYING FINN FAMILY CAMPGROUND**

48626 BRUSHVILLE ROAD

EAST PALESTINE, OH 44413

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>FLYING FINN FAMILY CAMPGROUND</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>
<td>Surface Water Source</td>
<td>No</td>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** FLYING FINN FAMILY CAMPGROUND  
**PWS ID:** OH1556812

**Contact NAME:** FLYING FINN FAMILY 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

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</tr>
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1319447 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

ON TARGET OUTFITTERS
PO BOX 903
CANFIELD, OH 44406

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ON TARGET OUTFITTERS PWS PWS ID: OH5043912
Contact NAME: ON TARGET OUTFITTERS

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320290
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.

CHAPPARELLS COMMUNITY CENTER.
RONALD GLOVER
2418 SOUTH ARLINGTON STREET
AKRON, OH 44319

WATER SYSTEM INFORMATION
Name: CHAPPARELLS COMMUNITY CENTER
PWS ID: OH7757412
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHAPPARELLS COMMUNITY CENTER
Contact NAME: CHAPPARELLS COMMUNITY 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: 1319069
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319069 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ORCHARD HILLS CENTER PWS
Contact NAME: ORCHARD HILLS CENTER 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: 1320292
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320292 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

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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: OSSO RESTAURANT
Contact NAME: BARN STAR PROPERTIES 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: 1320294
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320294 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
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<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: FOREST LANES</td>
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<td>PWS ID: OH1541412</td>
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<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>
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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.

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**

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FOREST LANES
Contact NAME: FOREST LANES

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, 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: | 1319451 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319451 0000011200 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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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.

---

**FOREST VIEW MOBILE HOME PARK**

675 S MONROE ST

MILLERSBURG, OH 44654

---

**WATER SYSTEM INFORMATION**

| Name: FOREST VIEW MOBILE HOME | PWS ID: OH8500712 | System Type: COMMUNITY | Number of Service Connections: 41 | 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>
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<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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: FOREST VIEW MOBILE HOME

Contact NAME: FOREST VIEW 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: 1319452

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.

OUI INC.
90 16TH ST SW #B
BARBERTON, OH 44203-7004

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2 SIGN...
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   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: OUI INC PLAZA PWS
Contact NAME: OUI 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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   - 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.

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: 1320298
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.

DODSON, LORIE
150 E RESERVOIR RD
WOODSTOCK, VA 22664

<table>
<thead>
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<td>PWS ID:</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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</table>

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. 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/

4. RETURN APPLICATION PROMPTLY...
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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: CHARGER LANES PWS
Contact NAME: DODSON, LORIE

SIGNATURE OF OWNER ___________________________ DATE __________

Due Date: 12/31/2019
Revenue ID: 1319071
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
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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.

OVERHEAD DOOR WD CORP
4405 COUNTY ROAD 160
P.O. BOX 67
MT. HOPE, OH 44660

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: OVERHEAD DOOR WD HEADQUARTER
Contact NAME: OVERHEAD DOOR WD 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: | 1320299 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320299 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>FOSTERS TAVERN OF HINCKLEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5236312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSPORT 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>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: FOSTERS TAVERN OF HINCKLEY PWS ID: OH5236312
Contact NAME: FOSTERS TAVERN OF HINCKLEY

SIGNATURE OF OWNER ___________________________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319455
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 
PANTHER PLAZA
6014 MANCHESTER RD
AKRON, OH 44319

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: PANTHER PLAZA PWS</th>
<th>PWS ID: OH7700004</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>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>
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<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.

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** PANTHER PLAZA PWS

**Contact NAME:** PANTHER PLAZA

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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

**Revenue ID:** 1320303

**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.

PARADISE CAMPGROUND
4283 PARADISE RD
SEVILLE, OH 44273

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PARADISE CAMPGROUND PWS PWS ID: OH5258812
Contact NAME: PARADISE 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: 1320306
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320306 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PARADISE LAKE COUNTRY CLUB
Contact NAME: PARADISE LAKE 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: 1320309
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

CONIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PARADISE LAKE PARK - A PWS
Contact NAME: PARADISE LAKE 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: 1320310
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320310 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**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: PARADISE LAKES</th>
<th>PWS ID: OH7835412</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**

<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:</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: PARADISE LAKES  
PWS ID: OH7835412

Contact NAME: PARADISE LAKES

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320311 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320311 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.

Sand Holdings Inc
DBA Paris Inn
9434 Newton Falls Rd.
Ravenna, OH 44266

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PARIS INN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6749812</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>TOTAL</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
</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.

1. Confirm the water system information... Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1320313</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type Code:</th>
<th>LFCWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Revenue ID:</td>
<td>1320313</td>
</tr>
<tr>
<td>Due Date:</td>
<td>12/31/2019</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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FOWLER MOBILE HOME PARK  PWS ID: OH7801012
Contact NAME: FOWLER 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: 1319460
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: BOARDMAN PARK-MAIN WELL PWS</th>
<th>PWS ID: OH5045912</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**

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

At the end of the year, you will receive an invoice that shows the total amount due. 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: BOARDMAN PARK-MAIN WELL PWS

Contact NAME: BOARDMAN 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: 1318882
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: [Redacted]
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHARM COUNTRYVIEW INN INC
Contact NAME: CHARM COUNTRYVIEW INN 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>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: FOWLERS MILL GOLF CLUBHOUSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2865612</td>
<td></td>
<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
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<td>Surface Water Source: No</td>
<td></td>
<td></td>
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<tr>
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<td></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: FOWLERS MILL GOLF CLUBHOUSE
Contact NAME: FOWLERS MILL GOLF COURSE 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: 1319461
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319461 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.

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...
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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: PARKMAN COMMUNITY HOUSE PWS
PWS ID: OH2873812
Contact NAME: PARKMAN 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: 1320318
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
SAI OM BEVERAGE INC
10255 N RED OAK
NORTH ROYALTON, OH 44133

WATER SYSTEM INFORMATION

Name: PARKMAN SUBWAY
PWS ID: OH2876712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

1

SIGN...
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2

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3

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4

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: PARKMAN SUBWAY
Contact NAME: SAI OM BEVERAGE 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: 1320319
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320319 0000011200 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.

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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: CHARM FAMILY RESTAURANT
Contact NAME: CHARM FAMILY 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.

Due Date: 12/31/2019
Revenue ID: 1319076
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.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1319077

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>CHASIN SEVENS PWS</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH7799917</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**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount</td>
<td>$112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
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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:** CHASIN SEVENS PWS

**PWS ID:** OH7799917

**Contact NAME:** CHASIN SEVENS ENTERTAINMENT 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: 1319077

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PATTYS PLACE FAMILY RESTAURANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7620312</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.

<table>
<thead>
<tr>
<th>Total</th>
<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.

**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.

**NOTICE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019
**Revenue ID:** 1320327
**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: FRANKLIN PARK CIVIC CENTER</td>
<td>Pay this amount: $112.00</td>
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<tr>
<td>PWS ID: OH7770312</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>

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: FRANKLIN PARK CIVIC CENTER
Contact NAME: FRANKLIN PARK CIVIC 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.

Due Date: 12/31/2019
Revenue ID: 1319466
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
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   Such as System Name, System Type, Mailing Address, and Fee Amount.
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   DISTRICT OFFICE - DDAGW at 330-963-1200

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PAW PAW LAKE
Contact NAME: PAW PAW LAKE

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320328
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.

PEACE VALLEY ORCHARDS
5667 ADAMS RD
ROGERS, OH 44455

WATER SYSTEM INFORMATION
Name: PEACE VALLEY ORCHARDS 1 PWS
PWS ID: OH1556112
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

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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: PEACE VALLEY ORCHARDS 1 PWS
Contact NAME: PEACE VALLEY ORCHARDS
PWS ID: OH1556112

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320329
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PEACE VALLEY ORCHARDS
5667 ADAMS RD
ROGERS, OH 44455

WATER SYSTEM INFORMATION

Name: PEACE VALLEY ORCHARDS 2 PWS
PWS ID: OH1564112
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.

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Pay this amount: $112.00

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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: PEACE VALLEY ORCHARDS 2 PWS
Contact NAME: PEACE VALLEY ORCHARDS

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320330
Amount Due: $112.00
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.

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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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
</tr>
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<tbody>
<tr>
<td>Name: PEACE, LOVE AND LITTLE DONUTS PWS</td>
<td>TOTAL</td>
</tr>
<tr>
<td>PWS ID: OH7677629</td>
<td>Pay this amount:</td>
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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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PEACE, LOVE AND LITTLE DONUTS PWS
Contact NAME: MILLER, 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: 1320331
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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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.

PEARL HOLLOW PLAZA
OWNER
2132 PEARL ROAD
BRUNSWICK, OH 44212

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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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WATER SYSTEM INFORMATION

Name: PEARL HOLLOW PLAZA
PWS ID: OH5258212
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: PEARL HOLLOW PLAZA
Contact NAME: PEARL HOLLOW PLAZA

SIGNATURE OF OWNER ____________________________ DATE ______________

Due Date: 12/31/2019
Revenue ID: 1320333
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PEBBLE CREEK CONVALESCENT CTR
670 JARVIS ROAD
AKRON, OH 44319

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PEBBLE CREEK CONVALESCENT CENTER
PWS ID: OH7707412
System Type : COMMUNITY
Number of Service Connections: 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: PEBBLE CREEK CONVALESCENT CENTER
PWS ID: OH7707412
Contact NAME: PEBBLE CREEK CONVALESCENT CTR

SIGNATURE OF OWNER ____________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320334
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.

SPIETH, ERIC
31100 HILLIARD BLVD
WESTLAKE, OH 44145

WATER SYSTEM INFORMATION

Name: CHATHAM LAKES CAMPGROUND
PWS ID: OH5249712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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: CHATHAM LAKES CAMPGROUND
Contact NAME: SPIETH, ERIC

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319079
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.

PEBBLES HIDDEN HILL LLC
1811 HYDE-OAKFIELD RD
N. BLOOMFIELD, OH 44450

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PEBBLES HIDDEN HILL
Contact NAME: PEBBLES HIDDEN HILL 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: 1320335
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0000011200 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.

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**PELICAN COVE**

9705 CARTERS FORD RD
DEERFIELD, OH 44411

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Name</td>
<td>PELICAN COVE</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH6745212</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**

| Base on the water system information taken from above, the fee owed by your 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.

**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:** PELICAN COVE  **PWS ID:** OH6745212

**Contact NAME:** PELICAN COVE

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320337
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

PERENNIAL WINERY
11877 POORMAN ST SW
NAVARRE, OH 44662

WATER SYSTEM INFORMATION

Name: PERENNIAL WINERY PWS
PWS ID: OH7673712
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: PERENNIAL WINERY PWS
Contact NAME: PERENNIAL WINERY

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320338
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320338 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.

P&C PROPERTY HOLDINGS
7976 MAYFIELD ROAD
SUITE 100
CHESTERLAND, OH 44026

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PERRINO FURNISHINGS
Contact NAME: P&C PROPERTY HOLDINGS

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320340
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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>CHEM SPEC PWS</th>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH8543912</td>
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<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served</td>
<td>40</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** CHEM SPEC PWS

**Contact NAME:** CHEMSPEC USA, 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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<th>Due Date:</th>
<th>12/31/2019</th>
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<tr>
<td>Revenue ID:</td>
<td>1319081</td>
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<tr>
<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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</tbody>
</table>
**FRIENDSHIP ACRES RESTAURANT**  
2210 STATE RTE 44  
ATWATER, OH 44201

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FRIENDSHIP ACRES RESTAURANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6788512</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>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** FRIENDSHIP ACRES RESTAURANT  
**Contact NAME:** FRIENDSHIP ACRES 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.

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319474 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319474 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PIKIE BAY CAMPGROUND
Contact NAME: PIKIE BAY CAMPGROUND
PWS ID: OH7840712

SIGNATURE OF OWNER ______________________ DATE __________________

Pay to: Treasurer, 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>Due Date: 12/31/2019</th>
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<td>Revenue ID: 1320348</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>
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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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PILGRIM LAKE COLONY INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2860412</td>
</tr>
<tr>
<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>
</tbody>
</table>

**FEES FOR YEAR 2020**

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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: PILGRIM LAKE COLONY INC
Contact NAME: SCHLOSS, LEE

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320349
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: 7 AND 14 TRUCK STOP
Contact NAME: 7 & 14 TRUCK STOP

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318691
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318691 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**

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>AC PRODUCTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8555612</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>40</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: $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:** AC PRODUCTS  
**PWS ID:** OH8555612  
**Contact NAME:** AC PRODUCTS

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

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318703 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318703 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.

SCENIC POINTE NURSING & REHAB. CENTER
8067 TR 334
MILLERSBURG, OH 44654

WATER SYSTEM INFORMATION
Name: CASTLE NURSING HOMES, INC PWS
PWS ID: OH3801112
System Type: COMMUNITY
Number of Service Connections: 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

Due Date: 12/31/2019
Revenue ID: 1319044
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 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.

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

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

DEEP SPRINGS FOUNTAIN
11069 CHARDON RD
CHARDON, OH 44024

WATER SYSTEM INFORMATION

Name: DEEP SPRINGS FOUNTAIN
PWS ID: OH2832112
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: DEEP SPRINGS FOUNTAIN
Contact NAME: DEEP SPRINGS FOUNTAIN

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319274
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319274 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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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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   - 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 GEAUGA PLAZA-EAST  
PWS ID: OH2854312

Contact NAME: WEST GEAUGA PLAZA-EAST

SIGNATURE OF OWNER  DATE

Pay to: Treasurer, 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: 1321009
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.

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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>VALLEY GOLF CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1559112</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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** VALLEY GOLF CLUB

**Contact NAME:** VALLEY 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.

**Due Date:** 12/31/2019
**Revenue ID:** 1320936
**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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

IRONWOOD GOLF COURSE
445 STATE RD
HINCKLEY, OH 44233

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>IRONWOOD GOLF COURSE-CLUBHOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5237312</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.

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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: IRONWOOD GOLF COURSE-CLUBHOUSE PWS ID: OH5237312
Contact NAME: IRONWOOD 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: 1319752
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: HIGH, LARINDA</td>
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<tr>
<td>PWS ID: OH8535012</td>
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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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<td>Surface Water Source: No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Pay this amount: $112.00</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: NEIGHBORHOOD PANTRY

Contact NAME: HIGH, LARINDA

SIGNATURE OF OWNER ___________________________ DATE __________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320120
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320120 0000011200 LFCWS 000000000
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  
Invoice/Revenue ID: 1320119

- 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

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: NC SOCCER CLUB PWS</th>
<th>System Type: TRANSIENT NONCOMMUNITY</th>
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</thead>
<tbody>
<tr>
<td>PWS ID: OH7700027</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.

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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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: NC SOCCER CLUB PWS PWS ID: OH7700027
Contact NAME: NC SOCCER 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.

<table>
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<tr>
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<tr>
<td>Amount Due: $112.00</td>
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<tr>
<td>Type Code: LFCWS</td>
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</tbody>
</table>

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
**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.**

---

**CAMP GIDEON CAMPGROUND**

**P.O. BOX 313**

**DAMASCUS, OH 44619**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP GIDEON CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1040812</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>

---

<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: $112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**SIGN...**

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

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**PAY FEES...**

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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 GIDEON CAMPGROUND

**PWS ID:** OH1040812

**Contact NAME:** CAMP GIDEON CAMPGROUND

---

**SIGNATURE OF OWNER**

---

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

**Revenue ID:** 1318982

**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
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---

**EMERINE ESTATES WINERY**  
5689 LOVELAND ROAD  
JEFFERSON, OH 44047

**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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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>EMERINE ESTATES WINERY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0446612</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>
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</table>

**FEES FOR YEAR 2020**

<table>
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<tr>
<th></th>
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</tr>
<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.

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

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

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

**Ohio EPA**  
PO BOX 77005  
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319397 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

---

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

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** EMERINE ESTATES WINERY PWS  
**PWS ID:** OH0446612  
**Contact NAME:** EMERINE ESTATES WINERY
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ELMVIEW PROFESSIONAL PARK 2 PWS
Contact NAME: ELMVIEW PROFESSIONAL PARK
PWS ID: OH7851812

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319396
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LAKE CO.-RED SCHOOL HOUSE
Contact NAME: LAKE CO METROPARKS

SIGNATURE OF OWNER ________________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319861
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319861 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.

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

WEST COMMUNITY CENTER
8008 ESSICK ROAD
MINERVA, OH 44657

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>WEST COMMUNITY CENTER</th>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH1533512</td>
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<td>Number of Wells</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.

DETACH THIS 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 COMMUNITY CENTER
Contact NAME: WEST COMMUNITY 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: 1321008
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

Name: ELMVIEW PROFESSIONAL PARK 1 PWS
PWS ID: OH7849712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...

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PAY FEES...

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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: ELMVIEW PROFESSIONAL PARK 1 PWS
Contact NAME: ELMVIEW PROFESSIONAL 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: 1319395
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319395 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.

---

**WATER SYSTEM INFORMATION**

- **Name:** NANCYS COZY CAFE
- **PWS ID:** OH7834512
- **System Type:** TRANSIENT NONCOMMUNITY
- **Number of Wells:** 1
- **Surface Water Source:** No

---

**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><strong>Pay this amount:</strong></td>
<td><strong>$112.00</strong></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. **SIGN...**
   - **IMPORTANT** 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:** NANCYS COZY CAFE

**PWS ID:** OH7834512

**Contact NAME:** NANCYS COZY CAFE

**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

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<td>Transaction ID:</td>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

DEEP SPRINGS CLUBHOUSE
11069 CHARDON RD
CHARDON, OH 44024

WATER SYSTEM INFORMATION
Name: DEEP SPRINGS CLUBHOUSE PWS
PWS ID: OH2832012
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...
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: DEEP SPRINGS CLUBHOUSE PWS
PWS ID: OH2832012
Contact NAME: DEEP SPRINGS CLUBHOUSE

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: 1319273
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319273 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

Name: NANA'S KITCHEN  
PWS ID: OH3846912  
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.

<table>
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<tr>
<th></th>
<th>TOTAL</th>
</tr>
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<td>Pay this amount: $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.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN**  
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**RETURN APPLICATION PROMPTLY**  
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**SIGNATURE OF OWNER**  
______________________________  
DATE __________________________

Pay to: Treasurer, 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: 1320113  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:  
Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005 |
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>Name:</td>
<td>ELMS COUNTRY CLUB</td>
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<tr>
<td>PWS ID:</td>
<td>OH7634112</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**

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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: ELMS COUNTRY CLUB

Contact NAME: ELMS 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

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**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1319860

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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.**

---

**HERSHBERG, DAN**

**P.O. BOX 127**

**BERLIN, OH 44610**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAKE AVENUE TERRACE</th>
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<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>
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<tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

---

**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:** LAKE AVENUE TERRACE

**Contact NAME:** HERSHBERG, DAN

**PWS ID:** OH7607412

---

**SIGNATURE OF OWNER**

---

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on 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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1319860 0000011200 LFCWS 000000000 2
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JUNCTION AUTO SALES, INC
12423 MAYFIELD RD
PO BOX 228
CHARDON, OH 44024

WATER SYSTEM INFORMATION
Name: JUNCTION AUTO SALES, INC
PWS ID: OH2834212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 80
Surface Water Source: No

FEES FOR YEAR 2020

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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 INSTRUCTIONS

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319801
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: VALLEAIRE GOLF COURSE
Contact NAME: VALLEAIRE 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: 1320935
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. PAY FEES...
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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: ELLSWORTH TOWNSHIP PWS
Contact NAME: ELLSWORTH 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: 1319393
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319393 0000011200 LFCWS 000000000 8
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. PAY FEES...
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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: ELKS CLUB 1377 PWS
Contact NAME: ELKS CLUB 1377

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319392
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>CAMP FREDERICK-DINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1556412</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>Attachments 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: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**IMPRESSIVE!**

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 FREDERICK-DINING

Contact NAME: CAMP FREDERICK-DINING

SIGNATURE OF OWNER______________________________________________________ DATE__________________

Pay to: Treasurer, 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
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318981 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CASKEYS INC
Contact NAME: CASKEYS INC
PWS ID: OH8535812

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319041
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1319041 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>ELKHORN VALLEY RETREAT CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1041912</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>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.
- IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: ELKHORN VALLEY RETREAT CENTER  
PWS ID: OH1041912  
Contact NAME: ELKHORN VALLEY RETREAT 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: | 1319391 |
| 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 PROPOSSES 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.

LADIES CHOICE HAIR FASHIONS
OWNER
2691 EAST WATERLOO ROAD
AKRON, OH 44312

WATER SYSTEM INFORMATION

| Name: | LADIES CHOICE HAIR FASHIONS |
| PWS ID: | OH7772912 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: LADIES CHOICE HAIR FASHIONS
Contact NAME: LADIES CHOICE HAIR FASHIONS

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: 1319857
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.

---

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

COFFEE AND A BEER BY THE LAKE
1312 SR 183
ATWATER, OH 44201

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: COFFEE AND A BEER BY THE LAKE
Contact NAME: COFFEE AND A BEER BY THE LAKE
PWS ID: OH6785912

SIGNATURE OF OWNER ____________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1319243
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2 SIGN...
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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

---

**WATER SYSTEM INFORMATION**

Name: MUSKINGUM WATERSHED CONS DIST
PWS ID: OH1038112
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.

**SIGNATURE OF OWNER**

---

**RECEIPT**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Due Date</td>
<td>12/31/2019</td>
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</tr>
<tr>
<td>Transaction ID</td>
<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 Northeast District Office - DDAGW at 330-963-1200.

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.

---

### Water System Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>MUSKINGUM WATERSHED CONS DIST</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Surface Water Source:</td>
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### Fees for Year 2020

<table>
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<tr>
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<tbody>
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<td>Pay this amount:</td>
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### Important

- Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.
- Ohio EPA
- PO BOX 77005
- Cleveland, OH 44194-7005

| Revenue ID: | 1320105 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Due Date: 12/31/2019
**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.

---

**DEBS FAMILY RESTAURANT**

ATTN: DEBRA CRISLIP

6157 ALLIANCE ROAD

MALVERN, OH 44644

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DEBS FAMILY RESTAURANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1038612</td>
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<tr>
<td>System Type:</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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</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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** DEBS FAMILY RESTAURANT

**PWS ID:** OH1038612

**Contact NAME:** DEBS FAMILY 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

---

<table>
<thead>
<tr>
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<th>12/31/2019</th>
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<tbody>
<tr>
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<td>Amount Due:</td>
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</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</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.

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.

OWENS II, LIEL
42087 STATE ROUTE 154
LISBON, OH 44432

WATER SYSTEM INFORMATION
Name: CASA STEAK SEAFOOD AND SMOKE HOUSE
PWS ID: OH1542812
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

SIGNATURE OF OWNER: LIEL

Due Date: 12/31/2019
Revenue ID: 1319040
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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MUSKINGUM WATERSHED CONS DIST
1319 THIRD ST, NW
PO BOX 349
NEW PHILADELPHIA, OH 44663-0349

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: MWCD LEESVILLE N FORK L-9
PWS ID: OH1037912
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MWCD LEESVILLE N FORK L-9
Contact NAME: MUSKINGUM WATERSHED CONS 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: 1320104
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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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name: ZELLERS AMLC 8 PWS</td>
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<tr>
<td>PWS ID: OH7670412</td>
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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>
</tr>
</tbody>
</table>

<table>
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<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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<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>
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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: ZELLERS AMLC 8 PWS           PWS ID: OH7670412
Contact NAME: K W ZELLERS & SON, INC.

SIGNATURE OF OWNER ___________________________ DATE __________

Due Date: 12/31/2019
Revenue ID: 1321114
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.

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OHIO BOARD OF CHRISTIAN EDUCATION
1760 WOODHILL DRIVE W
ASHLAND, OH 44805

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

PUBLIC WATER SYSTEM LICENSE NOTICE

- CONFIRM THE WATER SYSTEM INFORMATION...
  Such as System Name, System Type, Mailing Address, and Fee Amount.
  IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

- PAY FEES...
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- RETURN APPLICATION PROMPTLY...
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318967
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.

CREATIVE MOLD AND MACHINE INC
10385 KINSMAN ROAD
PO BOX 323
NEWBURY, OH 44065

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CREATIVE MOLD AND MACHINE PWS
Contact NAME: CREATIVE MOLD AND MACHINE 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: 1319226
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319226 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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TWIN LAKES ASSOC.- BEACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6778712</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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<tbody>
<tr>
<td>Pay this amount: $112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** TWIN LAKES ASSOC.- BEACH  
**PWS ID:** OH6778712  
**Contact NAME:** TWIN LAKES ASSOCIATION- BEACH

**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
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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---

TRT REAL ESTATE
2335 SECOND ST STE A
CUYAHOGA FALLS, OH 44221

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: TTB CANTON ROAD PWS
Contact NAME: TRT REAL ESTATE

SIGNATURE OF OWNER __________________________ DATE __________________

Pay to: Treasurer, 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: 1320893
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320893 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.

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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: TROYER CHEESE PWS
Contact NAME: TROYER LAND 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
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CABIN CREEK GOLF
1361 CR 108
SUGARCREEK, OH 44681

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. 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/

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   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: CABIN CREEK GOLF  
PWS ID: OH3845412

Contact NAME: CABIN CREEK 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

<table>
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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: MWCD LEESVILLE N FORK L-5

Contact NAME: MUSKINGUM WATERSHED CONS 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: 1320103
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1320103 0000011200 LFCWS 000000000 7
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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:** MWCD DELROY MARINA A-7

**PWS ID:** OH1037312

**Contact NAME:** MUSKINGUM WATERSHED CONS 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: | 1320102 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320102 00000011200 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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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ZELLERS AMLC 7 PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7658812</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>
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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.

**TOTAL**

Pay this amount: **$112.00**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. **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: ZELLERS AMLC 7 PWS
Contact NAME: K W ZELLERS & SON, 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: 1321113
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1321113 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.

MVP PLASTICS
15005 ENTERPRISE WAY
MIDDLEFIELD, OH 44062

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: MVP PLASTICS PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2863012</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 38</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MVP PLASTICS PWS
Contact NAME: MVP PLASTICS

SIGNATURE OF OWNER ________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320099
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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MUNSON TOWNSHIP PWS
Contact NAME: MUNSON TOWNSHIP TRUSTEES

SIGNATURE OF OWNER

DATE

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320097
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>ZELLERS AMLC 6 PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7658712</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.

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ZELLERS AMLC 6 PWS

Contact NAME: K W ZELLERS & SON, 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>
<th>12/31/2019</th>
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<tbody>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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<td>Transaction ID:</td>
<td>LFCWS</td>
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</table>

1321112 0000011200 LFCWS 0000000000 4
WELSHFIELD INN
14001 MAIN MARKET ROAD
BURTON, OH 44021

WATER SYSTEM INFORMATION
Name: WELSHFIELD INN
PWS ID: OH2839212
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WELSHFIELD INN
Contact NAME: WELSHFIELD 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: 1321003
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.

MUNSON TOWNSHIP BOARD OF TRUSTEES
12210 AUBURN RD
CHARDON, OH 44024

WATER SYSTEM INFORMATION
Name: MUNSON TOWNSHIP PARK PWS
PWS ID: OH2871912
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MUNSON TOWNSHIP PARK PWS
Contact NAME: MUNSON TOWNSHIP BOARD OF TRUSTEES

SIGNATURE OF OWNER ________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320096
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MUNSON PLAZA/PETRONZIO MGMT PWS
Contact NAME: PETRONZIO 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: 1320095
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320095 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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1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: ZELLERS AMLC 5 PWS
Contact NAME: K W ZELLERS & SON, INC.
PWS ID: OH7658612

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321111
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.

OMEGA REAL ESTATE
3690 ORANGE PLACE SUITE #111
BEACHWOOD, OH 44122

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>EDISON PARK PLAZA</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7669212</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></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: $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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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: EDISON PARK PLAZA

Contact NAME: OMEGA REAL ESTATE

SIGNATURE OF OWNER ________________________ DATE ____________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Type Code:</td>
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<td></td>
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</table>
MULTI WING AMERICA
15030 BERKSHIRE INDUSTRIAL PKWY
P.O. BOX 425
BURTON, OH 44021

WATER SYSTEM INFORMATION
Name: MULTI WING AMERICA, INC.
PWS ID: OH2863412
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 60
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MULTI WING AMERICA, INC. PWS ID: OH2863412
Contact NAME: MULTI WING AMERICA

SIGNATURE OF OWNER ______________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320094
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 FREDERICK-CAMPGRND
PO BOX 258
ROGERS, OH 44455

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name: CAMP FREDERICK-CAMPGROUND</td>
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<td>PWS ID: OH1556512</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells: 1 No</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. PAY FEES...
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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: CAMP FREDERICK-CAMPGROUND
Contact NAME: CAMP FREDERICK-CAMPGRND

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318980
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>JOSEPH BADGER MEADOWS-CAMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7838812</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></th>
<th>TOTAL</th>
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<tbody>
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<tr>
<td>Pay this amount:</td>
<td>$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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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...**

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: JOSEPH BADGER MEADOWS-CAMP

Contact NAME: JOSEPH BADGER MEADOWS 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: 1319798
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 BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name: | CAMP BEAUMONT, BSA CAMP A PWS |
| PWS ID: | OH0431612 |
| 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**

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: | CAMP BEAUMONT, BSA CAMP A PWS |
| PWS ID: | OH0431612 |
| Contact NAME: | CAMP BEAUMONT |

SIGNATURE OF OWNER ____________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318959 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Transaction ID: 1318959 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.

MULLIGAN SPRINGS GOLF COURSE
2205 CONGRESS LAKE RD
MOGADORE, OH 44260

WATER SYSTEM INFORMATION
Name: MULLIGAN SPRINGS GOLF COURSE PWS
PWS ID: OH6784712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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: MULLIGAN SPRINGS GOLF COURSE PWS
Contact NAME: MULLIGAN 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: 1320093
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MT UNION COLLEGE NATURE CENTER PWS ID: OH7658312
Contact NAME: UNIVERSITY OF MOUNT UNION NATURE CTR

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
Due Date: 12/31/2019
Revenue ID: 1320091
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Chase Lockbox 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.

K W ZELLERS & SON, INC.
13494 DUQUETTE AVE NE
HARTVILLE, OH 44632

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>ZELLERS AMLC 4 PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7654712</td>
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<tr>
<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>
</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.

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: ZELLERS AMLC 4 PWS
Contact NAME: K W ZELLERS & SON, 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.

<table>
<thead>
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<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
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<td>Type Code:</td>
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</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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. 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: EDGEWATER GOLF COURSE

Contact NAME: EDGEWATER GOLF COURSE

Due Date: 12/31/2019
Revenu eID: 1319383
Amount Due: $112.00
Type Code: LFCWS

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

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

## Public Water System License Notice 2020

**MARTIN, PATRICIA**  
1441 RIVER EDGE DRIVE  
KENT, OH 44240

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>BLACK IRON GRILLE PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6762612</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

**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.

### CONFIRM THE WATER SYSTEM INFORMATION...

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

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

### 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: BLACK IRON GRILLE PWS  
Contact NAME: MARTIN, PATRICIA

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318861 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

---

1318861 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.

---

K W ZELLERS & SON, INC.
13494 DUQUETTE AVE NE
HARTVILLE, OH 44632

---

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: ZELLERS AMLC 3 PWS</td>
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<tr>
<td>PWS ID: OH7651812</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ZELLERS AMLC 3 PWS
Contact NAME: K W ZELLERS & SON, INC.

SIGNATURE OF OWNER __________________________ DATE ________________

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

Due Date: 12/31/2019
Revenue ID: 1321109
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.

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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.

D + S DISTRIBUTION INC - A&P OP
3500 E LINCOLN WAY
PO BOX 477
WOOSTER, OH 44691

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>D + S HILLCREST PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>75</td>
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<td>Surface Water Source:</td>
<td>No</td>
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</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>Name</th>
<th>Pay this amount:</th>
</tr>
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<tbody>
<tr>
<td>D + S HILLCREST PWS</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** D + S HILLCREST PWS  \n**PWS ID:** OH8532012

**Contact NAME:** D + S DISTRIBUTION INC - A&P OP

**SIGNATURE OF OWNER**

**DATE**

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319242
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

---

1319242 0000011200 LFCWS 0000000001
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.

CARROLL HILLS INDUSTRIES
PO BOX 567
CARROLLTON, OH 44615

WATER SYSTEM INFORMATION
Name: CARROLL HILLS INDUSTRIES PWS
PWS ID: OH1043212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 46
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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CARROLL HILLS INDUSTRIES PWS
Contact NAME: CARROLL HILLS INDUSTRIES

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319035
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.

ECONOLODGE - S. ARLINGTON
MR. VINESH PATADIA
2772 HIALEAH CIRCLE
STOW, OH 44224

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: ECONOLODGE - S. ARLINGTON
PWS ID: OH7796712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

PAY FEES...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ECONOLODGE - S. ARLINGTON
Contact NAME: ECONOLODGE - S. ARLINGTON

SIGNATURE OF OWNER ____________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319378
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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---

**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
<th>KRAUS PIZZA PWS</th>
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<td>System Type:</td>
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<tr>
<td>Surface Water Source:</td>
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</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>

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** KRAUS PIZZA PWS

**Contact NAME:** HAYDEN, JOHN

**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: 1319853
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BLACK DIAMOND GOLF COURSE PWS

PWS ID: OH3848212

Contact NAME: HICKORY LAKE INC-FC 4684

SIGNATURE OF OWNER ____________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318860
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.

ARROWPOINT CAMPGROUND
6270 TR 208
LOUDONVILLE, OH 44842

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

ATTACHMENTS

- IMPORTANT WATER SYSTEM INFORMATION
- FEE PAYMENT INVOICE
- PUBLIC WATER SYSTEM LICENSE NOTICE

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: ARROWPOINT CAMPGROUND-WEST PWS
Contact NAME: ARROWPOINT 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>Name</th>
<th>PAYMENT INFORMATION</th>
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<tbody>
<tr>
<td>ARROWPOINT CAMPGROUND-WEST PWS</td>
<td>Due Date: 12/31/2019</td>
</tr>
<tr>
<td>OH3846712</td>
<td>Revenue ID: 1318769</td>
</tr>
<tr>
<td>TRANSIENT NONCOMMUNITY</td>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>1</td>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>No</td>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>
K W ZELLERS & SON, INC.
13494 DUQUETTE AVE NE
HARTVILLE, OH 44632

WATER SYSTEM INFORMATION
Name: ZELLERS AMLC 2 PWS
PWS ID: OH7653012
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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: ZELLERS AMLC 2 PWS
Contact NAME: K W ZELLERS & SON, 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: 1321108
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1321108 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.

---

**WELCHS DAIRY CREAM**  
NATE RENNIGER  
3780 RIDGEWOOD ROAD  
COPLEY, OH 44321

---

**WATER SYSTEM INFORMATION**

- **Name:** WELCHS DAIRY CREAM PWS
- **PWS ID:** OH7738612
- **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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** WELCHS DAIRY CREAM PWS  
**PWS ID:** OH7738612

**Contact NAME:** WELCHS DAIRY 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: | 1321000 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321000 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**

---

**BEECH CREEK BOTANICAL GARDENS**

11929 BEECH ST NE

ALLIANCE, OH 44601

---

**WATER SYSTEM INFORMATION**

Name: BEECH CREEK BOTANICAL GARDENS PWS

PWS ID: OH7677614

System Type: TRANSIENT NONCOMMUNITY

Number of Wells: 1

Surface Water Source: No

---

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Name</th>
<th>PWS ID</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEECH CREEK BOTANICAL GARDENS PWS</td>
<td>OH7677614</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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: BEECH CREEK BOTANICAL GARDENS PWS

PWS ID: OH7677614

Contact NAME: BEECH CREEK BOTANICAL GARDENS

---

**SIGNATURE OF OWNER**

__________________________________  DATE

---

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

Due Date: 12/31/2019

Revenue ID: 1318822

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1318822 0000011200 LFCWS 000000000 1
**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.

---

**IRONROCK CAPITAL, INC.**  
1201 MILLERTON ST SE  
PO BOX 9240  
CANTON, OH 44711-9240

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>IRONROCK CAPITAL-PLANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7669112</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>90</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

<table>
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</tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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:** IRONROCK CAPITAL-PLANT  
**PWS ID:** OH7669112  
**Contact NAME:** IRONROCK CAPITAL, 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: | 1319751 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 4 |

---

1319751 0000011200 LFCWS 000000000 4
**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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: Altercare of Hartville</th>
<th>PWS ID: OH7602212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: Community</td>
<td>Number of Service Connections: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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

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

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**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)

<table>
<thead>
<tr>
<th>PWS NAME: Altercare of Hartville</th>
<th>PWS ID: OH7602212</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact NAME: Altercare of Hartville</td>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
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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

<table>
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<tr>
<th>Due Date: 12/31/2019</th>
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<td>Revenue ID: 1318724</td>
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<tr>
<td>Amount Due: $112.00</td>
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<tr>
<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
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**ABC COUNTRY CAMPING AND CABINS**

4105 FRESNO ROAD, N.W.
CARROLLTON, OH 44615

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ABC COUNTRY CAMPING AND CABINS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1030912</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**

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<th>Pay this amount: $112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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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:** ABC COUNTRY CAMPING AND CABINS

**Contact NAME:** ABC COUNTRY CAMPING AND CABINS

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1318700
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
K W ZELLERS & SON, INC.
13494 DUQUETTE AVE NE
HARTVILLE, OH 44632

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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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: ZELLERS AMLC 1 PWS
Contact NAME: K W ZELLERS & SON, 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: 1321107
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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ECHO LAKE COMMUNITY ASSOCIATION
PO BOX 121
HINCKLEY, OH 44233

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:</td>
<td>ECHO LAKE COMMUNITY ASSOCIATION</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH5200212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
<td>29</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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319376 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: EASTWOOD MOTEL  
Contact NAME: EASTWOOD MOTOR 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: 1319375
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319375 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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ZARBANA ALUMINUM EXTRUSIONS, LLC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH1566212</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 52</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**

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ZARBANA ALUMINUM EXTRUSIONS, LLC

Contact NAME: NOZZA, MATTEO

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321106 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 13211060000011200 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WCFRA REGIONAL TRAINING FACILITY PWS
Contact NAME: WAYNE COUNTY FIRE AND RESCUE 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: 1320999
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320999 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CARLOS TRATTORIA
733 WEST MAPLE STREET
P O BOX 700
HARTVILLE, OH 44632

Important Water System Information

Name: CARLOS TRATTORIA PWS
PWS ID: OH7663812
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.

1. Confirm the Water System Information...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CARLOS TRATTORIA PWS
Contact NAME: CARLOS TRATTORIA

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319033
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.

EASTWOOD MANUFACTURING
2734 S. KOHLER RD.
ORRVILLE, OH 44667

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>EASTWOOD MANUFACTURING PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH8563512</td>
</tr>
<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>28</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.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<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: EASTWOOD MANUFACTURING PWS
Contact NAME: EASTWOOD MANUFACTURING

SIGNATURE OF OWNER ________________________ DATE ________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319374
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319374 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.

YOUR CABBAGE CONNECTION
ATTN: MARK HERDLICK
5130 S. ARLINGTON ROAD
NORTH CANTON, OH 44720

WATER SYSTEM INFORMATION

Name: YOUR CABBAGE CONNECTION PWS
PWS ID: OH7700016
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

PAY FEES...
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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: YOUR CABBAGE CONNECTION PWS
Contact NAME: YOUR CABBAGE CONNECTION

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321103
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

2020

**EAST SPARTA RECREATION**  
PO BOX 477  
MAGNOLIA, OH 44643

**CONFIRM THE WATER SYSTEM INFORMATION...**  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: EAST SPARTA RECREATION  
Contact NAME: EAST SPARTA RECREATION

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

**Pay to:**  
**Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>PAYMENT DETAILS</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Due Date:</td>
<td>12/31/2019</td>
</tr>
<tr>
<td>Revenue ID:</td>
<td>1319373</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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318859 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Signature of Owner: ______________________ Date: ________________
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

KORNER KITCHEN
11058 SR 39
MILLERSBURG, OH 44654

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>KORNER KITCHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3837712</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>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KORNER KITCHEN
Contact NAME: KORNER KITCHEN

SIGNATURE OF OWNER ______________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319850
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319850 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.

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---

**WATER SYSTEM INFORMATION**

Name: WAYNE LANES  
PWS ID: OH8554112  
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.

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<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.

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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:** WAYNE LANES  
**Contact NAME:** WAYNE LANES

**SIGNATURE OF OWNER** ____________________________  DATE ____________

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320997 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320997 0000011200 LFCWS 000000000 |
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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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
- 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.

EAST PALESTINE COUNTRY CLUB
50834 CARMEL ACHOR ROAD
NEGLEY, OH 44441

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>EAST PALESTINE COUNTRY CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1540712</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.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** EAST PALESTINE COUNTRY CLUB  
**PWS ID:** OH1540712

**Contact NAME:** EAST PALESTINE 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:** 1319372
**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**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>EAST LIBERTY PARK RESTROOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7799929</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.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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---

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

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

**PWS NAME:** EAST LIBERTY PARK RESTROOMS  
**PWS ID:** OH7799929

**Contact NAME:** SCHMIDT, STEVEN

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

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

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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:** 1319371  
**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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Payable to: Treasurer, State of Ohio
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321102
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.

---

**EAGLE PASS GOLF COURSE**

30757 STATE RTE 172

EAST ROCHESTER, OH 44625

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>EAGLE PASS GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1563612</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>Pay this amount:</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: EAGLE PASS GOLF COURSE
Contact NAME: EAGLE PASS 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: 1319370
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.

BIRCH, MATT
P.O. BOX 224
BATH, OH 44210

WATER SYSTEM INFORMATION
Name: BIRCH GROUP BUSINESS PARK
PWS ID: OH7700038
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

PAY FEES...
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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: BIRCH GROUP BUSINESS PARK
Contact NAME: BIRCH, MATT

SIGNATURE OF OWNER ____________________________ DATE __________

Due Date: 12/31/2019
Revenue ID: 1318858
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
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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: YODER LUMBER CO. - BUCKHORN DIVISION PWS PWS ID: OH3835412
Contact NAME: YODER LUMBER 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

Due Date: 12/31/2019
Revenue ID: 1321101
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

---

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>YODER LUMBER CO. - BUCKHORN DIVISION PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH3835412</td>
</tr>
<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>55</td>
</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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: WAYNE COUNTY ENGINEERS OFFICE PWS
PWS ID: OH8534612
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 44
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WAYNE COUNTY ENGINEERS OFFICE PWS
Contact NAME: WAYNE COUNTY ENGINEERS OFFICE

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320996
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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---

**ARROWPOINT CAMPGROUND**

6270 TR 208

LOUDONVILLE, OH 44842

---

**WATER SYSTEM INFORMATION**

| Name: ARROWPOINT CAMPGROUND-EAST PWS | PWS ID: OH3845012 |
| 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.

| 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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**PAY FEES...**

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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: ARROWPOINT CAMPGROUND-EAST PWS

Contact NAME: ARROWPOINT 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: 1318768

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1318768 0000011200 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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ENVIROTEST SYSTEMS
2180 PINNACLE PKWY
TWINSBURG, OH 44087

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. 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: E-CHECK - AUBURN ROAD
Contact NAME: ENVIROTEST SYSTEMS

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319368
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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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: KORDA MANUFACTURING INC
Contact NAME: KORDA MANUFACTURING

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319848
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319848 0000011200 LFCWS 0000000000
MISS PATS DAY CARE
8553 HERRICK DR
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION
Name: MISS PATS DAY CARE 3/FOOT STEPS PWS
PWS ID: OH2872212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 71
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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- 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: MISS PATS DAY CARE 3/FOOT STEPS PWS
Contact NAME: MISS PATS DAY CARE

SIGNATURE OF OWNER __________________________ DATE _______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320061
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.

MISS PATS DAY CARE
8553 HERRICK DR
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION
Name: MISS PATS DAY CARE 2 PWS
PWS ID: OH2855412
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 76
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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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/

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.

PWS NAME: MISS PATS DAY CARE 2 PWS
Contact NAME: MISS PATS DAY CARE
PWS ID: OH2855412

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320060
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
## 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

**Invoice/Revenue ID:** 1319847

- 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>KOOL LAKES FAMILY CAMPGROUND-SHOWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6745612</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSPORT 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></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>
<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>

### 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 Northeast District Office - DDAGW at 330-963-1200.

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:** KOOL LAKES FAMILY CAMPGROUND-SHOWER

**Contact NAME:** KOOL LAKES FAMILY 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: | 1319847 |
| 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.

KIRTLAND OHIO FMG
7800 KIRTLAND-CHARDON RD
KIRTLAND, OH 44094

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: JOHNSON FARM</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6770112</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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: JOHNSON FARM
Contact NAME: KIRTLAND OHIO FMG

SIGNATURE OF OWNER ________________________________ DATE _________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319795
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319795 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.

### WATER SYSTEM INFORMATION

- **Name:** J.M. SMUCKER COMPANY STORE AND CAFE PWS
- **PWS ID:** OH8559712
- **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.

<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.

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** J.M. SMUCKER COMPANY STORE AND CAFE PWS

**PWS ID:** OH8559712

**Contact NAME:** J M SMUCKER 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: 1319763
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.

CRAFTSMAN RECREATION CLUB
TRUSTEES
4450 REX LAKE DRIVE
AKRON, OH 44319

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CRAFTSMEN RECREATION CLUB
PWS ID: OH7775712
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: CRAFTSMEN RECREATION CLUB
Contact NAME: CRAFTSMAN RECREATION 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: 1319219
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319219 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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: COZY RIDGE CAMP-LOWER PWS
Contact NAME: COZY RIDGE CAMP
PWS ID: OH1032112

SIGNATURE OF OWNER ______________________ DATE ______________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319216
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319216 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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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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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MILLERS BLOOMFIELD INN
Contact NAME: MILLERS BLOOMFIELD INN
PWS ID: OH7830412

SIGNATURE OF OWNER ________________ DATE ________________

Pay to: Treasurer, 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: 1320057
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**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BILL HWANGS RESTAURANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7792112</td>
</tr>
<tr>
<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>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: BILL HWANGS RESTAURANT  
Contact NAME: BILL HWANGS RESTAURANT

SIGNATURE OF OWNER  

DATE

Due Date: 12/31/2019

Revenue ID: 1318857

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.

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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.

KOOL LAKES FAMILY CAMPGROUND
12990 NELSONLEDGE ROAD
GARRETTSVILLE, OH 44231

WATER SYSTEM INFORMATION

| Name: KOOL LAKES FAMILY CAMPGROUND-CLUBHOUSE |
| PWS ID: OH6745512 |
| System Type: TRANSIENT NONCOMMUNITY |
| Number of Wells: 1 |
| Surface Water Source: No |

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

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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: KOOL LAKES FAMILY CAMPGROUND-CLUBHOUSE
Contact NAME: KOOL LAKES FAMILY 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: 1319846
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319846 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

Name: MILLER WELD MASTER PWS
PWS ID: OH7675112
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 45
Surface Water Source: No

**FEES FOR YEAR 2020**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN**

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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: MILLER WELD MASTER PWS
Contact NAME: MILLER WELD MASTER

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320055
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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.

DUTCH HARBOR MARINA
640 HARTZELL ROAD
NORTH BENTON, OH 44449

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3 PAY FEES...
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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: DUTCH HARBOR MARINA
Contact NAME: DUTCH HARBOR MARINA

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, 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>Pay to: Treasurer, State of Ohio.</th>
<th>Revenue ID: 1319364</th>
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</thead>
<tbody>
<tr>
<td>Ohio EPA</td>
<td>Amount Due: $112.00</td>
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<tr>
<td>PO BOX 77005</td>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Cleveland, OH 44194-7005</td>
<td>Transaction ID:</td>
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Due Date: 12/31/2019
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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: YANKEE LAKE-BALLROOM
Contact NAME: YANKEE LAKE BALLROOM

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321095
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321095 0000011200 LFCWS 000000000 5
WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WAYNE COUNTY CARE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8504212</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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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)

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

Pay to: **Treasurer, 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>Revenue ID:</th>
<th>1320995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
</tbody>
</table>

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.

DUTCH COUNTRY RESTAURANT
15015 KINSMAN ROAD
MIDDLEFIELD, OH 44062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: DUTCH COUNTRY RESTAURANT</td>
</tr>
<tr>
<td>PWS ID: OH2854812</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>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DUTCH COUNTRY RESTAURANT PWS ID: OH2854812
Contact NAME: DUTCH COUNTRY 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: 1319363
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CAPPS TAVERN
Contact NAME: CAPPS 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: 1319027
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319027 0000011200 LFCWS 0000000000 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: Y-INN
Contact NAME: Y-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: 1321094
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:** 1319362

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DUSTY ARMADILLO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6747112</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><strong>TOTAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** DUSTY ARMADILLO

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DUSTY ARMADILLO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6747112</td>
</tr>
<tr>
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<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>

**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
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.

DURAMAX MARINE, LLC
17990 GREAT LAKES PARKWAY
HIRAM, OH 44234

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DURAMAX MARINE LLC
Contact NAME: DURAMAX MARINE, 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: 1319361
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319361 0000001200 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

WATER SYSTEM INFORMATION

Name: XPO LOGISTICS FREIGHT INC - XAC
PWS ID: OH7786512
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 90
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.

Invoice/Revenue ID: 1321092

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321092
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.

GOLDMAN, MICHAEL
727 GODDARD AVE
CHESTERFIELD, MO 63005

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WATERWAY GAS AND WASH CO
Contact NAME: GOLDMAN, MICHAEL

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320994
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: CAMP BEAUMONT, BSA BEAUMONT VILLAGE</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH0432312</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**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CAMP BEAUMONT, BSA BEAUMONT VILLAGE
Contact NAME: CAMP BEAUMONT

SIGNATURE OF OWNER _________________________ DATE _________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318958
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.

ALPINE VALLEY SKI AREA
JASON BOYD
10620 MAYFIELD RD
CHESTERLAND, OH 44026

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ALPINE VALLEY SKI AREA
Contact NAME: ALPINE VALLEY SKI AREA

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318723
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1318723 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.

PHILLIPS, JP
7977 HILLS & DALES RD NE
MASSILLON, OH 44646

WATER SYSTEM INFORMATION

Name: MIDWAY MARATHON
PWS ID: OH8557512
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MIDWAY MARATHON
Contact NAME: PHILLIPS, JP

SIGNATURE OF OWNER __________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320044
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.

---

**WRIGHT, CAMERON**

6928 RTE 167 E
PIERPONT, OH 44082

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WRIGHT BUILDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0438912</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></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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: WRIGHT BUILDING

Contact NAME: WRIGHT, CAMERON

SIGNATURE OF OWNER ________________________________ DATE ________________

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

Due Date: 12/31/2019

Revenue ID: 1321090

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 00000011200 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DUKE N DUCHESS 247 PWS
Contact NAME: ENGLEFIELD OIL COMPANY

PWS ID: OH7742612

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319359
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

PPS NAME: CANTEX, INC.
PWS ID: OH6782712
Contact NAME: CANTEX, 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: 1319025
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.

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

**Fees for Year 2020**

<table>
<thead>
<tr>
<th>Name: APPALACHIAN OUTFITTERS/KENDALL CLIFF PWS</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH7700026</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>No</td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source:</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.

---

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

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

**PWS NAME:** APPALACHIAN OUTFITTERS/KENDALL CLIFF PWS

**PWS ID:** OH7700026

**Contact NAME:** APPALACHIAN OUTFITTERS/KENDALL CLIFFS

---

**Signature of Owner**

**Date**

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

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

Due Date: 12/31/2019

Revenue ID: 1318754

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.

CUSTOM POLY BAG INC
9465 EDISON STREET NE
ALLIANCE, OH 44601

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CUSTOM POLY BAG INC PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7674312</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>80</td>
</tr>
<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: $112.00</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>

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CUSTOM POLY BAG INC PWS
Contact NAME: CUSTOM POLY BAG 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: 1319240
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MIDDLEFIELD PLASTIC CORP
Contact NAME: MIDDLEFIELD PLASTIC 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: 1320043
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320043 0000011200 LFCWS 0000000000 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.

KNEPP, JOHN
6133 ROCKSIDE ROAD
SUITE 201
INDEPENDENCE, OH 44131

Name: MID-WAY DRIVE-IN THEATER
PWS ID: OH6774512
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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 Northeast District Office - DDAGW at 330-963-1200

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.
   a.  Make check or money order payable to: Treasurer State of Ohio
   b.  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

Signature of owner  ________________  Date  ________________

Due date:  12/31/2019
Revenue ID:  1320042
Amount Due:  $112.00
Type Code:  LFCWS
Transaction ID:  

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: MID-WAY DRIVE-IN THEATER
PWS ID: OH6774512
Contact NAME: KNEPP, 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
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.

WOOSTER MOTOR WAYS INC.
PO BOX 19
WOOSTER, OH 44691

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>PWS ID:</td>
</tr>
<tr>
<td>System Type:</td>
</tr>
<tr>
<td>Population Served:</td>
</tr>
<tr>
<td>Surface Water Source:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WOOSTER MOTOR WAYS INC.  PWS ID: OH8558712
Contact NAME: WOOSTER MOTOR WAYS 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: 1321086
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.

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.

---

**DUCK CREEK GOLF COURSE**

3351 NEWTON FALLS-TOMLINSON ROAD

WARREN, OH 44481

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: DUCK CREEK GOLF COURSE</th>
<th>System Type: TRANSIENT NONCOMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH7853012</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>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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<tbody>
<tr>
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</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: DUCK CREEK GOLF COURSE

Contact NAME: DUCK 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

Due Date: 12/31/2019

Revenue ID: 1319357

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BIGGINS BIG DIP PWS
Contact NAME: BIGGINS-BORDNER, CHERYL L.

SIGNATURE OF OWNER __________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318855 |
| 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>WOODYS RESTAURANT PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7791112</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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CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

SIGNATURE OF OWNER ______________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321085
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.

---

GRAPE ESCAPE LLC -
WATER'S EDGE VINEYARD
7805 GEORGETOWN STREET NE
LOUISVILLE, OH 44641

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WATERS EDGE VINEYARD</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7663512</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>

**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.

---

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** WATERS EDGE VINEYARD

**PWS ID:** OH7663512

**Contact NAME:** GRAPE ESCAPE 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.

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

<table>
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<th>Due Date:</th>
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<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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</table>

Transaction ID:

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**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>J AND M RESTAURANT CORPORATION PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5240012</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 AND M RESTAURANT CORPORATION PWS

**PWS ID:** OH5240012

**Contact NAME:** J & M RESTAURANT 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

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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>
<td></td>
</tr>
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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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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.

TURKEYFOOT SPORTSMAN CLUB
PRESIDENT
4551 DUSTY’S ROAD
AKRON, OH 44319

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TURKEYFOOT SPORTSMAN CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7770812</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>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
- 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: TURKEYFOOT SPORTSMAN CLUB
Contact NAME: TURKEYFOOT SPORTSMAN 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: 1320904
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.

CANDLES KITCHEN, INC.
13435 RAVENNA AVENUE
HARTVILLE, OH 44632

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CANDLES KITCHEN, INC. PWS
PWS ID: OH7636512
Contact NAME: CANDLES KITCHEN, 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: 1319023
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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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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

GEOUGA COUNTY BOARD OF DD
8200 CEDAR RD
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION

Name: METZENBAUM TRANSPORTATION GARAGE PWS
PWS ID: OH2876312
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

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: METZENBAUM TRANSPORTATION GARAGE PWS

PWS ID: OH2876312

Contact NAME: GEOUGA COUNTY BOARD OF DD

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320033
Amount Due: $112.00
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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

KIRTLAND CITY TAVERN
10015 CHILLICOTHE ROAD
KIRTLAND, OH 44094

WATER SYSTEM INFORMATION
Name: KIRTLAND CITY TAVERN PWS
PWS ID: OH4338112
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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319836
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: KIRTLAND CITY TAVERN PWS PWS ID: OH4338112
Contact NAME: KIRTLAND CITY TAVERN

SIGNATURE OF OWNER ______________________________ DATE ________________
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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: METZENBAUM SHELTERED INDUSTRIES, INC</td>
<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>Attach 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>
<tr>
<td>PWS ID: OH2854112</td>
<td></td>
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</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Pay this amount: $112.00</td>
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<td>Population Served: 45</td>
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<tr>
<td>Surface Water Source: No</td>
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<td></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: METZENBAUM SHELTERED INDUSTRIES, INC PWS ID: OH2854112
Contact NAME: GEAUGA COUNTY MRDD

SIGNATURE OF OWNER __________________________ DATE _________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320032
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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APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**METROPARKS SERVING SUMMIT COUNTY**

975 TREATY LINE RD

AKRON, OH 44313

**WATER SYSTEM INFORMATION**

| Name: | METROPARKS-SILVER CREEK BATHHOUSE |
| PWS ID: | OH7796512 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

**FEES FOR YEAR 2020**

Attched 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.

<table>
<thead>
<tr>
<th>TOTAL</th>
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<td>$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.

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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:** METROPARKS-SILVER CREEK BATHHOUSE

**Contact NAME:** METROPARKS SERVING SUMMIT 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: 1320030

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1320030 0000011200 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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WOLF CREEK WINERY
2637 S. CLEVELAND-MASSILLON ROAD
NORTON, OH 44203

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: WOLF CREEK WINERY PWS ID: OH7722512
Contact NAME: WOLF CREEK WINERY

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321072
Amount Due: $112.00
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.**

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BEECHWOOD ISLAND ESTATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6700212</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>49</td>
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<td>Surface Water Source:</td>
<td>No</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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**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:** BEECHWOOD ISLAND ESTATES  
**PWS ID:** OH6700212

**Contact NAME:** BEECHWOOD ISLAND ESTATES ASSN.

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318825 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MERIDIAN SUN TEMPLE
Contact NAME: MERIDIAN SUN TEMPLE

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, 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
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320028
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320028 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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: SCHONER CHEVROLET SALES</td>
<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>
<tr>
<td>PWS ID: OH7642212</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Attach 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>Population Served: 36</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SCHONER CHEVROLET SALES
Contact NAME: SCHONER CHEVROLET 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: 1320561
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320561 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.

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: DOUGS DINNER BUCKET PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7753912</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>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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.
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.

MOORE, SHANE
2888 BROOKFIELD DRIVE
NORTON, OH 44203

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MOORE, SHANE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7737412</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>Name:</th>
<th>WOLF CREEK TAVERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7737412</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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: WOLF CREEK TAVERN
PWS ID: OH7737412
Contact NAME: MOORE, SHANE

SIGNATURE OF OWNER ________________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321071
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.

MARK, HEATHER
5348 N ELYRIA RD
WEST SALEM, OH 44287

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SCOOPS SWEET-TREATS AND MORE PWS
PWS ID: OH8564714
Contact NAME: MARK, HEATHER

SIGNATURE OF OWNER ___________________________        DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320571
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320571 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**

| Name: | SCOOTERS BAR AND GRILL PWS |
| PWS ID: | OH0434712 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

**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></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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** SCOOTERS BAR AND GRILL PWS

**PWS ID:** OH0434712

**Contact NAME:** SCOOTERS BAR & GRILL

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320572 |
| 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CANAL DOVER FURNITURE  
PWS ID: OH3849112  
System Type : NONCOMMUNITY NONTRANSIENT  
Population Served: 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>CANAL DOVER FURNITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH3849112</td>
</tr>
<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>55</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</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:** CANAL DOVER FURNITURE  
**PWS ID:** OH3849112  
**Contact NAME:** CANAL DOVER FURNITURE

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

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

---

**Ohio EPA**  
**PO BOX 77005**  
**Cleveland, OH 44194-7005**

---

**Due Date:** 12/31/2019  
**Revenue ID:** 1319021  
**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SCOT INDUSTRIES INC
Contact NAME: SCOT INDUSTRIES 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: 1320573
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>SCOTT MOLDERS INCORPORATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6763112</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>38</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** SCOTT MOLDERS INCORPORATED  
**PWS ID:** OH6763112

**Contact NAME:** SCOTT MOLDERS INCORPORATED

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SCHMIDDYS AT THE LAKE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7762312</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.

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**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

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

**PWS NAME:** SCHMIDDYS AT THE LAKE  
**PWS ID:** OH7762312

**Contact NAME:** THE 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  
PO BOX 77005  
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019  
**Revenue ID:** 1320555  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320552

- 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.

30 MIDDLEBRANCH AVE LLC
4815 MUNSON ST.
CANTON, OH 44718

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SCENIC CREEK APARTMENTS PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7676612</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>30</td>
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<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.

<table>
<thead>
<tr>
<th>Fees for Year 2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SCENIC CREEK APARTMENTS PWS

Contact NAME: 30 MIDDLEBRANCH AVE LLC

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: 1320552
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.

---

SARCHIONE FORD
1668 STATE ROUTE 44
PO BOX 217
RANDOLPH, OH 44265

---

WATER SYSTEM INFORMATION

Name: SARCHIONE FORD
PWS ID: OH6760212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 63
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: SARCHIONE FORD
PWS ID: OH6760212
Contact NAME: SARCHIONE FORD

SIGNATURE OF OWNER ____________________________ DATE ________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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SARCHIONE CHEVROLET
PO BOX 217
RANDOLPH, OH 44265

WATER SYSTEM INFORMATION

Name: SARCHIONE CHEVROLET
PWS ID: OH6765812
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 78
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

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SARCHIONE CHEVROLET
Contact NAME: SARCHIONE CHEVROLET

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320548
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320548 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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<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LORETTA PAGANINI</td>
</tr>
<tr>
<td>PWS ID: OH2875212</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
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<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: SAPORE PWS
Contact NAME: LORETTA PAGANINI

SIGNATURE OF OWNER ____________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320547
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320547
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name:</td>
<td>SANDBAGGERS PWS</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH5260012</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>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
</table>

FEES FOR YEAR 2020

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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)

<table>
<thead>
<tr>
<th>PWS NAME:</th>
<th>SANDBAGGERS PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact NAME:</td>
<td>SANDBAGGERS</td>
</tr>
</tbody>
</table>

SIGNATURE OF OWNER  ____________________    DATE  ____________

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Ohio EPA
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Cleveland, OH 44194-7005
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SAMANTHA’S FRONTIER RESTAURANT
Contact NAME: ALJM INC.

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: 1320540
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320540 0000011200 LFCWS 0000000000
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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: SALEM-LISBON KOA
Contact NAME: SALEM-LISBON KOA

SIGNATURE OF OWNER ________________________________ DATE ____________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320538
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SALEM SAXON CLUB</th>
<th>System Type:</th>
<th>TRANSIENT NONCOMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1560812</td>
<td>Number of Wells:</td>
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</tr>
<tr>
<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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<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>
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**PAY THIS AMOUNT:**

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

PWS NAME: SALEM SAXON CLUB
Contact NAME: SALEM SAXON CLUB

SIGNATURE OF OWNER ____________________________ DATE ______________

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Ohio EPA
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<tr>
<td>Revenue ID:</td>
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<td>Amount Due:</td>
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<tr>
<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:        SALEM HILLS GOLF AND CC</td>
<td></td>
</tr>
<tr>
<td>PWS ID:      OH5051412</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
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<td>Surface Water Source: No</td>
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FEES FOR YEAR 2020

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SALEM HILLS GOLF AND CC PWS ID: OH5051412
Contact NAME: SALEM HILLS GOLF & COUNTRY CLUB

SIGNATURE OF OWNER ___________________________ DATE ________________

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<table>
<thead>
<tr>
<th>Name:</th>
<th>SAINT PEREGRINE CHAPEL SCHOOL PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<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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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: SAINT PEREGRINE CHAPEL SCHOOL PWS

Contact NAME: SAINT PEREGRINE CHAPEL

SIGNATURE OF OWNER ___________________________ DATE ____________

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<td>Revenue ID:</td>
<td>1320535</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>
</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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: SAINT GOBAIN CRYSTALS PWS</td>
</tr>
<tr>
<td>PWS ID: OH2875412</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 120</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

<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.

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SAINT GOBAIN CRYSTALS PWS
Contact NAME: SAINT GOBAIN/CRYSTALS

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320534
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.

SABLE CREEK GOLF COURSE
5942 EDISON STREET NE
HARTVILLE, OH 44632

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: SABLE CREEK GOLF COURSE
Contact NAME: SABLE 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
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.

RUBBER ASSOCIATES
1522 WEST TURKEYFOOT LAKE ROAD
BARBERTON, OH 44203

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3 PAY FEES...
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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: RUBBER ASSOCIATES</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7721112</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 40</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.

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: RUBBER ASSOCIATES
Contact NAME: RUBBER ASSOCIATES

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320522
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

1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ROYAL STAR INN PWS
Contact NAME: SPEEDWAY, 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: 1320521
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320521 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.

ROYAL GARDENS
ATTN: MARK NORRIS
4764 DUSTY RD
AKRON, OH 44319

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>ROYAL GARDENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7779412</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>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.
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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: ROYAL GARDENS
Contact NAME: ROYAL GARDENS

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320520
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.

**ROYAL ADHESIVES & SEALANTS**

4401 PAGE AVE
MICHIGAN CENTER, MI 49254

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

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>ROYAL ADHESIVES &amp; SEALANTS</th>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH2876913</td>
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<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served</td>
<td>50</td>
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<tr>
<td>Surface Water Source</td>
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### FEES FOR YEAR 2020

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<tr>
<th>Total</th>
</tr>
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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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<tr>
<td>Pay this amount: $112.00</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.

### 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:** ROYAL ADHESIVES & SEALANTS

**Contact NAME:** ROYAL ADHESIVES & SEALANTS

**SIGNATURE OF OWNER**

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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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FILL A, JOYCE
15815 NAUVOO RD
MIDDLEFIELD, OH 44062

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ROTHENBUHLER CHEESEMAKERS, INC. PWS ID: OH2835412
Contact NAME: FILLA, JOYCE

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320516
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.

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Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: ROSEANNE DILAUNO MD BLDG PWS
Contact NAME: ROSEANNE DILAUNO MD BLDG

SIGNSATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320513
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: ROSE VILLA RESTAURANT
Contact NAME: ROSE VILLA 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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320512
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  

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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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...
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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.

---

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>ROGERS COMMUNITY AUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1544312</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>
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<tbody>
<tr>
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<td>$112.00</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: ROGERS COMMUNITY AUCTION  
PWS ID: OH1544312
Contact NAME: ROGERS COMMUNITY AUCTION

SIGNATURE OF OWNER ___________________________  DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320507
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320507 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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RODEWAY INN - JAY JALARAM LODGING LLC
PWS ID: OH8556112
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: RODEWAY INN - JAY JALARAM LODGING LLC
Contact NAME: RODEWAY INN - JAY JALARAM LODGING 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: 1320506
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320506 0000011200 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ROADSIDE TAVERN, INC. PWS
Contact NAME: DIMICHELE, TODD D.

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, 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: 1320494
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320494 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>RIVERVIEW GOLF-CLUBHOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7845112</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>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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** RIVERVIEW GOLF-CLUBHOUSE

**Contact NAME:** RIVERVIEW GOLF-CLUBHOUSE

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019
**Revenue ID:** 1320493
**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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>RIVERSIDE BAR AND GRILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7675812</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>Pay this amount: $112.00</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 Northeast District Office - DDAGW at 330-963-1200

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:** RIVERSIDE BAR AND GRILL

**PWS ID:** OH7675812

**Contact NAME:** RIFFILS RIVERSIDE BAR & GRILL

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

Pay to: Treasurer, 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:** 1320491
- **Amount Due:** $112.00
- **Type Code:** LFCWS
- **Transaction ID:** 1320491 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.

RIVER WALK/IRON HORSE SALOON
13468 MAIN MARKET RD
BURTON, OH 44021

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>RIVER WALK/IRON HORSE SALOON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2837312</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></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RIVER WALK/IRON HORSE SALOON
Contact NAME: RIVER WALK/IRON HORSE SALOON

SIGNATURE OF OWNER ________________________________________ DATE ____________________

Due Date: 12/31/2019
Revenue ID: 1320483
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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

NAME: RITTMAN ORCHARDS PWS
PWS ID: OH8564713
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

Fees for Year 2020

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: RITTMAN ORCHARDS PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8564713</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

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: RITTMAN ORCHARDS PWS
Contact NAME: RITTMAN ORCHARDS

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320475 |
| 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.

RITE AID-2456
ATTN: LICENSING
P.O. BOX 3165
HARRISBURG, PA 17105

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RITE AID - 2456 PWS
Contact NAME: RITE AID-2456

SIGNATURE OF OWNER ______________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320474
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.

RIDGE TOP GOLF COURSE
OWNER
7441 TOWER ROAD
MEDINA, OH 44256

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

INVOICE/REVENUE ID: 1320470

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: RIDGE TOP GOLF COURSE
Contact NAME: RIDGE TOP GOLF COURSE

SIGNATURE OF OWNER ________________________ DATE ____________
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.

RIDGE RANCH CAMPGROUND
5219 ST RT 303
NEWTON FALLS, OH 44444

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RIDGE RANCH CAMP-A LINE
Contact NAME: RIDGE RANCH 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: 1320469
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 Northeast District Office - DDAGW at 330-963-1200.

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
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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**

<table>
<thead>
<tr>
<th>Name: RICHFIELD PUBLIC LIBRARY PWS</th>
<th>PWS ID: OH7726812</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 2</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>TOTAL</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.

---

**FEES FOR YEAR 2020**

**TOTAL**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: 1320467</th>
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<td>Type Code: 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

### Water System Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>RESCO PRODUCTS, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7671012</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>70</td>
</tr>
<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>$112.00</th>
</tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.
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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: RESCO PRODUCTS, INC.  
Contact NAME: RESCO PRODUCTS 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: 1320465
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**2. SIGN...**
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   - Make check or money order payable to: TREASURER STATE OF OHIO
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**4. RETURN APPLICATION PROMPTLY...**
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<table>
<thead>
<tr>
<th>Name:</th>
<th>RED ONION PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5260412</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
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**FEES FOR YEAR 2020**

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<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>$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:** RED ONION PWS

**Contact NAME:** RED ONION

**SIGNATURE OF OWNER** _______________________________ **DATE** _________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>WATER SYSTEM INFORMATION</td>
<td>TOTAL</td>
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</tr>
<tr>
<td>Name: RED DOG SALOON</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7666512</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RED DOG SALOON
Contact NAME: RED DOG 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
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320456
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: RCE MIDWAY TAVERN, INC.</th>
<th>PWS ID: OH5239712</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

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 Northeast District Office - DDAGW at 330-963-1200

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:** RCE MIDWAY TAVERN, INC.  
**PWS ID:** OH5239712  
**Contact NAME:** RCE MIDWAY TAVERN, 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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<th>Revenue ID: 1320452</th>
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<td>Amount Due: $112.00</td>
<td>Type Code: LFCWS</td>
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<tr>
<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.

RAZZLES RESTAURANT/ROCKERS CAFE
27128 BAGLEY RD
OLMSTED TWP, OH 44138

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>RAZZLES RESTAURANT/ROCKERS CAFE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1840912</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>
<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 |

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** RAZZLES RESTAURANT/ROCKERS CAFE PWS

**Contact NAME:** RAZZLES RESTAURANT/ROCKERS CAFE

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320451 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320451 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.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
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</thead>
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<tr>
<td>Name: RAVENNA MOOSE LODE</td>
<td>Pay this amount:</td>
</tr>
<tr>
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<td>$112.00</td>
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<tr>
<td>Number of Wells: 1</td>
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</tr>
<tr>
<td>Surface Water Source:</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RAVENNA MOOSE LODGE #1234
Contact NAME: RAVENNA MOOSE 1234

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, 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: 1320447
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RANDOLPH TWP FIELD HOUSE PWS
Contact NAME: RANDOLPH TOWNSHIP TRUSTEES

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320446
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320446 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RANDOLPH TOWN HALL
Contact NAME: RANDOLPH TOWNSHIP TRUSTEES

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320445
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>RANDOLPH SUNOCO</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6763012</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**

| Amount Due: | $112.00 |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RANDOLPH SUNOCO  
PWS ID: OH6763012  
Contact NAME: GRACE ENERGY 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: 1320444  
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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<td>PWS ID: OH2841612</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Surface Water Source: No</td>
<td></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RAMBLE INN
Contact NAME: MILL ENTERPRISE, LLC, DBA RAMBLE 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

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<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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1320441 0000011200 LFCWS 0000000000 8
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.

RAINTREE GOLF COURSE
ATTN: ERIC SNODGRASS
4350 MAYFAIR ROAD
UNIONTOWN, OH 44685

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: RAINTREE GOLF COURSE</th>
<th>PWS ID: OH7791712</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>
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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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</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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: RAINTREE GOLF COURSE
Contact NAME: RAINTREE 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: 1320440
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: RACCOON HILL GOLF CLUB
PWS ID: OH6763312
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 HILL GOLF CLUB

**PWS ID:** OH6763312

**Contact NAME:** RACCOON HILL 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

<table>
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<th>Due Date:</th>
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<tr>
<td>Amount Due:</td>
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</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
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<td>1320435 00000011200 LFCWS 000000000 6</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

<table>
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<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: RABER PROFESSIONAL BLDG PWS</td>
<td>Pay this amount: $112.00</td>
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<tr>
<td>PWS ID: OH8563312</td>
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<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>

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: RABER PROFESSIONAL BLDG PWS
Contact NAME: RABER PROFESSIONAL BUILDING

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, 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
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320434 |
| 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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2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
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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: R AND S LAND DEVELOPMENT, LLC
Contact NAME: R AND S LAND DEVELOPMENT, 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: 1320433
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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<table>
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<td>Name: QUIKRETE COMPANIES</td>
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</tr>
<tr>
<td>PWS ID: OH6781012</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served: 50</td>
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<tr>
<td>Surface Water Source: No</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

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

PWS NAME: QUIKRETE COMPANIES
Contact NAME: QUIKRETE COMPANIES

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: 1320432
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320432 0000011200 LFCWS 000000000 9
Public Water System License Notice

2020

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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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Pay this amount: $112.00

Due Date: 12/31/2019
Revenue ID: 1320431
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320431 00000011200 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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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: QUAILCREST FARM PWS
Contact NAME: QUAILCREST FARM

SIGNATURE OF OWNER __________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320430
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1
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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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: PYMATUNING VALLEY RESORT 3 PWS
Contact NAME: PYMATUNING ADVENTURE 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: 1320429
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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: PYMATUNING VALLEY RESORT 2 PWS
PWS ID: OH0444812

Contact NAME: PYMATUNING ADVENTURE 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: 1320428
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

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<td>PWS ID: OH0444812</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
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<td>Surface Water Source: No</td>
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</table>

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Pay this amount: $112.00

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1320428 0000011200 LFCWS 0000000000 5
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### 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

**Invoice/Revenue ID:** 1320427

- **PYMATUNING ADVENTURE RESORT**
  - 7652 SOUTH PYMATUNING LAKE ROAD
  - WILLIAMSFIELD, OH 44093

**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
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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>
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<tr>
<th>TOTAL</th>
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**CONFIRM THE WATER SYSTEM INFORMATION...**

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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:** PYMATUNING VALLEY RESORT 1 PWS

**PWS ID:** OH0444712

**Contact NAME:** PYMATUNING ADVENTURE 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

<table>
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<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
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<td>Revenue ID:</td>
<td>1320427</td>
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<tr>
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</tr>
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<td>Transaction ID:</td>
<td></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.

Detach this stub and include with your payment. Retain the top portion for your records.

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

Invoice/Revenue ID: 1320426

Pymatuning Lake Drive-In Theater
1531 Rosewood Circle
North Huntingdon, PA 15642

WATER SYSTEM INFORMATION

Name: Pymatuning Lake Drive-In-Theater
PWS ID: OH0439512
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>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
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<tr>
<td>$112.00</td>
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</tbody>
</table>

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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: 1320426
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1320426 0000011200 LFCWS 0000000000 7
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

PUTT-N-STUFF
134 S. KANSAS RD
ORRVILLE, OH 44667

WATER SYSTEM INFORMATION

Name: PUTT N STUFF PWS
PWS ID: OH8562012
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PUTT N STUFF PWS
Contact NAME: PUTT-N-STUFF

SIGNATURE OF OWNER ______________________ DATE _______________

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

OHIO EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320425
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320425 0000011200 LFCWS 000000000
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PURPLE CAT DAY HABILITATION CENTER
C/O JAMES SUTMAN JR
12 S PHELPS ST
YOUNGSTOWN, OH 44503

WATER SYSTEM INFORMATION
Name: PURPLE CAT DAY HABILITATION CENTER
PWS ID: OH5054412
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 87
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PURPLE CAT DAY HABILITATION CENTER
Contact NAME: PURPLE CAT DAY HABILITATION 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: 1320424
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320424 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

<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: OH7674112</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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: PUMP IT UP PWS
Contact NAME: PUMP IT UP

SIGNATURE OF OWNER __________________________ DATE ____________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320422
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**

PROVIA WALNUT CREEK FACILITY
2150 STATE ROUTE 39
SUGARCREEK, OH 44681

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PROVIA STONE LLC PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3850813</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>125</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</table>

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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
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</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><strong>Pay this amount:</strong></td>
<td><strong>$112.00</strong></td>
</tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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:** PROVIA STONE LLC PWS

**PWS ID:** OH3850813

**Contact NAME:** PROVIA WALNUT CREEK FACILITY

**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.

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1320418</td>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
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</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.

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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: PRIMETALS TECHNOLOGIES, LLC
Contact NAME: PRIMETALS TECHNOLOGIES, 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: 1320415
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.

LC MARIE ENTERPRISES, LLC
4315 MANCHESTER RD SUITE B
NEW FRANKLIN, OH 44319

WATER SYSTEM INFORMATION
Name: PRIME 93 RESTAURANT
PWS ID: OH7773012
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 135
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PRIME 93 RESTAURANT
Contact NAME: LC MARIE ENTERPRISES, 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: 1320414
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320414 0000000000 LFCWS 000000000 1
<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: PRIDE VALLEY CAMPGROUND</td>
<td>Pay this amount: $112.00</td>
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<tr>
<td>PWS ID: OH1042312</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>

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PRIDE VALLEY CAMPGROUND
Contact NAME: PRIDE 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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<td>Revenue ID: 1320413</td>
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<tr>
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</tr>
<tr>
<td>Transaction ID:</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

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2 SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PRIDE OF THE HILLS PWS
Contact NAME: PRIDE OF THE HILLS -

SIGNATURE OF OWNER ____________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320412
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320412 0000011200 LFCWS 000000000
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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: PRENTKE ROMICH COMPANY
Contact NAME: PRENTKE ROMICH 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: 1320411
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320411 0000011200 LFCWS 000000000 4
**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.

---

**PRAIRIE LANE LAKE PARK**  
P.O. BOX 233  
WOOSTER, OH 44691

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PRAIRIE LANE LAKE PARK-FRONT PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8557912</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>
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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>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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**PAY FEES...**

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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: PRAIRIE LANE LAKE PARK-FRONT PWS

Contact NAME: PRAIRIE LANE LAKE 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: 1320404

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.

---

**PRAIRIE LANE LAKE PARK**  
P.O. BOX 233  
WOOSTER, OH 44691

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>PRAIRIE LANE LAKE PARK-BACK PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8542512</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>
</tbody>
</table>

**FEES FOR YEAR 2020**

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<table>
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<tr>
<th></th>
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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: PRAIRIE LANE LAKE PARK-BACK PWS  
PWS ID: OH8542512  
Contact NAME: PRAIRIE LANE LAKE PARK

**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: 1320403  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID: 1320403 0000011200 LFCWS 000000000 4
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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>PORTAGE PRIVATE INDUSTRY COUNCIL DAYCARE</th>
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<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</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>
</tr>
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<td></td>
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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:** PORTAGE PRIVATE INDUSTRY COUNCIL DAYCARE  
**PWS ID:** OH6779512

**Contact NAME:** PORTAGE PRIVATE INDUSTRY 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: 1320399  
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

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

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

PWS NAME: PORTAGE METRO. HOUSING AUTHORITY

Contact NAME: PORTAGE METRO. HOUSING AUTHORITY

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320398
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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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PORTAGE LAKES LIBRARY</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7788812</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>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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

**PWS NAME:** PORTAGE LAKES LIBRARY  
**PWS ID:** OH7788812  
**Contact NAME:** AKRON-SUMMIT COUNTY PUBLIC LIBRARY

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

Pay to: **Treasurer, State of Ohio.**  Please write the **Revenue ID** on 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>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tr>
<td>Name: PORTAGE LAKE EAGLES 2736 PWS</td>
<td>Pay this amount: $112.00</td>
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<tr>
<td>PWS ID: OH7765212</td>
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<tr>
<td>System Type : TRANSIENT NONCOMMUNITY</td>
<td></td>
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<td>Number of Wells: 1</td>
<td></td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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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: PORTAGE LAKE EAGLES 2736 PWS
Contact NAME: PORTAGE LAKE EAGLES 2736
PWS ID: OH7765212

SIGNATURE OF OWNER ____________________________ DATE __________________

Pay to: Treasurer, 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: | 1320396 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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**PORTAGE COUNTY WATER RESOURCES**
8116 INFIRMARY RD
RAVENNA, OH 44266

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PORTAGE COUNTY-CJAG PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6746012</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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| Number of Wells: | 1 |
| Number of Wells: | No |
| 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...**

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: PORTAGE COUNTY-CJAG PWS
Contact NAME: PORTAGE COUNTY WATER RESOURCES

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320395 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320395-000011200-LFCWS-000000000-4 |
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<tr>
<th>Name:</th>
<th>POMERENE MEMORIAL HOSPITAL</th>
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<td>PWS ID:</td>
<td>OH3846612</td>
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<td>System Type:</td>
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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: POMERENE MEMORIAL HOSPITAL

Contact NAME: POMERENE MEMORIAL HOSPITAL

**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:   | 1320393             |
| Amount Due:   | $112.00             |
| Type Code:    | LFCWS               |
| Transaction ID|                    |

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PLEVRIS AUTO SERVICE</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7779212</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
<td>1</td>
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**FEES FOR YEAR 2020**

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

**PWS NAME:** PLEVRIS AUTO SERVICE  
**PWS ID:** OH7779212

**Contact NAME:** PLEVRIS AUTO SERVICE

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

Pay to: Treasurer, 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: | 1320390 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320390 0000011200 LFCWS 000000000 9 |

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
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---

**WATER SYSTEM INFORMATION**

**Name:** PLEASANT VIEW GOLF COURSE  
**PWS ID:** OH7666412  
**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>
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</thead>
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DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** PLEASANT VIEW GOLF COURSE  
**PWS ID:** OH7666412  
**Contact NAME:** PLEASANT VIEW 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: | 1320389 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Transaction ID:
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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: PLEASANT VALLEY GOLF COURSE
PWS ID: OH5252812
Contact NAME: PLEASANT VALLEY GOLF COURSE - MEDINA

SIGNATURE OF OWNER __________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320387
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**WATER SYSTEM INFORMATION**

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<td>Surface Water Source</td>
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DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** PLEASANT HILL GOLF CLUB  
**PWS ID:** OH2845212  
**Contact NAME:** PLEASANT HILL GOLF CLUB

**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

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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>
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PLAIN TOWNSHIP PARK TRUSTEES
2600 EASTON ST NE
CANTON, OH 44721

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>PWS ID: OH7672712</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</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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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: PLAIN TOWNSHIP PARK - ALPINE
Contact NAME: PLAIN TOWNSHIP PARK TRUSTEES

SIGNATURE OF OWNER ___________________________ DATE _______________________ 

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320379
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.

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: | PLANET EARTH PRESCHOOL, INC PWS |
| PWS ID: | OH6784012 |
| System Type: | NONCOMMUNITY NONTRANSIENT |
| Population Served: | 37 |
| Surface Water Source: | No |

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Purpose</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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PLANET EARTH PRESCHOOL, INC PWS

Contact NAME: PLANET EARTH PRESCHOOL, 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: | 1320380 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320380 0000011200 LFCWS 0000000001 |
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: CHESTER PROPERTIES
PWS ID: OH2837912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHESTER PROPERTIES
Contact NAME: CHESTER 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
Re revenue ID: 1319090
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319090 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PLANK ROAD TAVERN
11812 PAINESVILLE-WARREN RD
PAINESVILLE, OH 44077

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
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<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: PLANK ROAD TAVERN</td>
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<td>PWS ID: OH2845112</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</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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<th>FEES FOR YEAR 2020</th>
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<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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---

**PLAZA MOTEL - BURBANK**
8450 GARMAN ROAD
BURBANK, OH 44214

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PLAZA MOTEL</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5240312</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>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

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<th>TOTAL</th>
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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
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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: PLAZA MOTEL
Contact NAME: PLAZA MOTEL - BURBANK

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320382 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320382 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

ATTACH THE 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: AMERICAN LEGION POST 68

Contact NAME: AMERICAN LEGION POST NO.68

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318732
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: AUTORAMA TWIN THEATER</th>
<th>PWS ID: OH4737312</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

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<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: $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.

## 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: AUTORAMA TWIN THEATER
Contact NAME: AUTORAMA TWIN THEATER
SIGNATURE OF OWNER __________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<tr>
<td>Revenue ID: 1318784</td>
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<tr>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SMITH, DAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2856712</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>70</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

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<th>TOTAL</th>
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<tr>
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</tr>
<tr>
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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.
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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:** CHESTER SQUARE PLAZA

**PWS ID:** OH2856712

**Contact NAME:** SMITH, DAN

**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: | 1319091 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319091 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.

---

### GIANT OHIO LLC
1806 N FRANKLIN ST
TAMPA, FL 33602

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GAS AND OIL PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH8557412</td>
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<tr>
<td>System Type:</td>
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<tr>
<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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</table>

**FEES FOR YEAR 2020**

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Pay this amount: **$112.00**

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

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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:** GAS AND OIL PWS
**PWS ID:** OH8557412

**Contact NAME:** GIANT OHIO 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: 1319495
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319495 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.

GASOLINE ALLEY
SUSAN KERKIAN
870 N. CLEVELAND-MASSILLON ROAD
BATH, OH 44210-0559

WATER SYSTEM INFORMATION

<table>
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<th>Name:</th>
<th>GASOLINE ALLEY</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7778312</td>
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<td>System Type:</td>
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<td>Number of Wells:</td>
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<tr>
<td>Surface Water Source:</td>
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</table>

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Pay this amount: $112.00

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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: GASOLINE ALLEY
Contact NAME: GASOLINE ALLEY

SIGNATURE OF OWNER __________________________ DATE __________________

Due Date: 12/31/2019
Revenue ID: 1319496
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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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHESTER TOWN CENTER PWS
Contact NAME: CHESTER TOWN 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
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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   - 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: GATTOZZI AND SON FUNERAL
Contact NAME: GATTOZZI & SON FUNERAL HOME

SIGNATURE OF OWNER ___________________________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319497
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319497 00000011200 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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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: CHESTER TOWN HALL
Contact NAME: CHESTER TOWN HALL

SIGNATURE OF OWNER ________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319093
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.

---

GEAUGA CO PUBLIC LIBRARY
ATTN: PATRICK JOLLY
12701 RAVENWOOD DR
CHARDON, OH 44024

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GEAUGA CO PUBLIC LIBRARY BAINBRIDGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876943</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**

<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>
<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.

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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.

---

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

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

PWS NAME: GEAUGA CO PUBLIC LIBRARY BAINBRIDGE PWS

Contact NAME: GEAUGA CO PUBLIC LIBRARY

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319499
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319499 0000011200 LFCWS 0000000001
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.

GEAUGA COUNTY DEPT OF WATER RESOURCES
470 CENTER ST BLDG #3
CHARDON, OH 44024

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

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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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHESTERLAND DAIRY QUEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2865012</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>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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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.

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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:** CHESTERLAND DAIRY QUEEN

**PWS ID:** OH2865012

**Contact NAME:** CHESTERLAND DAIRY QUEEN

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

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319094 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319094 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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GEAUGA MARKET HOUSE
Contact NAME: GEAUGA MARKET HOUSE

SIGNATURE OF OWNER __________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319501
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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GEAUGA PARKS - CHICKAGAMI PARK
PWS ID: OH2842712
Contact NAME: GEAUGA 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: 1319502
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319502 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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**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME: CHESTERLAND TAVERN PWS**

**PWS ID:** OH2873512

**Contact NAME:** TAVERN CONCEPTS, 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:** 1319095

**Amount Due:** $112.00

**Type Code:** LFCWS

---

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

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

---

**GEAUGA PARK DISTRICT**

9160 ROBINSON RD  
CHARDON, OH 44024-9148

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GEAUGA PARKS - CLARIDON WOODLANDS PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876933</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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<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<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.

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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:** GEAUGA PARKS - CLARIDON WOODLANDS PWS  
**PWS ID:** OH2876933

**Contact NAME:** GEAUGA PARK DISTRICT

**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:** 1319503  
**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>GEAUGA PARKS - THE ROOKERY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2865312</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>
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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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

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

**PWS NAME:** GEAUGA PARKS - THE ROOKERY PWS

**Contact NAME:** GEAUGA 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: | 1319504 |
| 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.

2262 SAS LLC -
2234 SOUTH ARLINGTON RD
AKRON, OH 44319

WATER SYSTEM INFORMATION

Name: CHETON PLAZA II PWS
PWS ID: OH7700033
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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: CHETON PLAZA II PWS
Contact NAME: 2262 SAS 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: 1319096
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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>GEAUGA PARKS HEADWATERS</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH2867912</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** GEAUGA PARKS HEADWATERS  **PWS ID:** OH2867912

**Contact NAME:** GEAUGA 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: | 1319505 |
| 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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GEAUGA PARK DISTRICT
9160 ROBINSON RD
CHARDON, OH 44024-9148

WATER SYSTEM INFORMATION
Name: GEAUGA PARKS- BIG CREEK ASPEN GROVE
PWS ID: OH2872812
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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GEAUGA PARKS- BIG CREEK ASPEN GROVE
Contact NAME: GEAUGA 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: 1319506
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**WATER SYSTEM INFORMATION**

<table>
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<tr>
<th>Name:</th>
<th>BOYDS KINSMAN HOME PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7804712</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>4</td>
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<td>Surface Water Source:</td>
<td>No</td>
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</table>

**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:** BOYDS KINSMAN HOME PWS

**Contact NAME:** BOYDS ENTERPRISES - BOYDS KINSMAN HOM

**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: 1318893

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:
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### Water System Information

<table>
<thead>
<tr>
<th>Name: CHETON PLAZA PWS</th>
<th>PWS ID: OH7700032</th>
</tr>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
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</table>

**FEES FOR YEAR 2020**

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- IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

**IMPORTANT**

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

**PAY FEES...**

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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:** CHETON PLAZA PWS

**Contact NAME:** 2262 SAS 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: | 1319097 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319097 0000011200 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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**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1319507

---

**WATER SYSTEM INFORMATION**

<table>
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<tr>
<th>Name:</th>
<th>GEAUGA PARKS-BEARTOWN LAKES-NO POINT</th>
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<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
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**FEES FOR YEAR 2020**

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<th>TOTAL</th>
<th>Pay this amount: $112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

---

**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.

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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:** GEAUGA PARKS-BEARTOWN LAKES-NO POINT

**PWS ID:** OH2862112

**Contact NAME:** GEAUGA 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

<table>
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<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Revenue ID:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td>1319507 0000011200 LFCWS 000000000 1</td>
</tr>
</tbody>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GEAUGA PARKS-BIG CREEK CAMPGROUNDS PWS
Contact NAME: GEAUGA 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.

Pay to: Treasurer, State of Ohio
Payable to: Treasurer, State of Ohio
Amount: $112.00

Due Date: 12/31/2019
Revenue ID: 1319508
Amount Due: $112.00
Type Code: LFCWS

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**CHILDRENS TOY FUND**

2401 SWISS AVENUE SW

CANTON, OH 44706

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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:** CHILDRENS TOY FUND

**PWS ID:** OH7643212

**Contact NAME:** CHILDRENS TOY FUND

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<tr>
<th>Amount Due:</th>
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<td>1319098 0000011200</td>
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**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319509

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GEauga PARKS-BIG CREEK DEEP WOODS PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2872612</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>
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<tr>
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<tbody>
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<td>Pay this amount:</td>
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DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** GEauga PARKS-BIG CREEK DEEP WOODS PWS

**PWS ID:** OH2872612

**Contact NAME:** GEauga PARK DISTRICT

---

**SIGNATURE OF OWNER**

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| Due Date: | 12/31/2019 |
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<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>1 CONFIRM THE WATER SYSTEM INFORMATION...</th>
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<tbody>
<tr>
<td>Name: GEAUGA PARKS-DONALD MEYER CENTER</td>
<td>Such as System Name, System Type, Mailing Address, and Fee Amount.</td>
</tr>
<tr>
<td>PWS ID: OH2855812</td>
<td>IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
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<td>Surface Water Source: No</td>
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</table>

<table>
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<tr>
<th>FEES FOR YEAR 2020</th>
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4 RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GEAUGA PARKS-DONALD MEYER CENTER PWS ID: OH2855812
Contact NAME: GEAUGA PARK DISTRICT

SIGNATURE OF OWNER ______________________ DATE ______________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
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Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: REAGAN, DUKE
PWS ID: OH6789715
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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<tr>
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<td>System Type:</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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

Signature of Owner: __________________________ Date: __________

Pay to: Treasurer, 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: 1318704
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

AVALON FAMILY RESTAURANT
29835 SR 30
HANOVERTON, OH 44423

WATER SYSTEM INFORMATION
Name: AVALON FAMILY RESTAURANT
PWS ID: OH1545312
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: AVALON FAMILY RESTAURANT
Contact NAME: AVALON FAMILY 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: 1318786
Amount Due: $112.00
Type Code: LFCWS
**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>BP OF CHESTERLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2856008</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>
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<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.

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

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

---

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

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

**PWS NAME:** BP OF CHESTERLAND  
**Contact NAME:** PATEL, YOGESH

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318894 |
| 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.

GEAUGA PARK DISTRICT
9160 ROBINSON RD
CHARDON, OH 44024-9148

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>GEAUGA PARKS-TWW NATURE CENTER PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH2871212</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>
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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: $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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GEAUGA PARKS-TWW NATURE CENTER PWS
PWS ID: OH2871212
Contact NAME: GEAUGA 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: 1319511
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319511 0000011200 LFCWS 0000000000 5
## 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>GEAUGA PARKS-TWW PICNIC AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2868912</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.

---

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

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

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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: GEAUGA PARKS-TWW PICNIC AREA**

**PWS ID: OH2868912**

**Contact NAME: GEAUGA 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Revenue ID:</td>
<td>1319512</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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<tr>
<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.

CHIPPEWA GOLF CORP
12147 SHANK ROAD
DOYLESTOWN, OH 44230

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319100
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: CHIPPEWA GOLF CORP
Contact NAME: CHIPPEWA GOLF CORP

SIGNATURE OF OWNER ____________________________ DATE ________________
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHIPS PIZZA AND CHICKEN PWS

Contact NAME: EDSALL, RICHARD

SIGNATURE OF OWNER ___________________________ DATE _______________________

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

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Such as System Name, System Type, Mailing Address, and Fee Amount.
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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>CHRIS'S LAKE TAVERN</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7840012</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<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** |

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319102 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319102 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.

BRADLEYS OF STERLING
14004 KAUFFMAN AVE
STERLING, OH 44276

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: BRADLEYS OF STERLING</td>
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<td>PWS ID: OH8548812</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</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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</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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BRADLEYS OF STERLING
Contact NAME: BRADLEYS OF STERLING

SIGNATURE OF OWNER __________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318896
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>CHRISTIAN CHILDRENS HOME</th>
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<tr>
<td>PWS ID:</td>
<td>OH8504912</td>
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<td>System Type:</td>
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<td>Number of Service Connections:</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>TOTAL</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
</table>

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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.

---

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHRISTIAN CHILDRENS HOME

Contact NAME: CHRISTIAN CHILDRENS HOME OF 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: 1319103
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319103 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

ATTACH A COPY OF THIS APPLICATION TO YOUR CHECK OR MONEY ORDER.

Please write Revenue ID on your check.

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

DETAILED INSTRUCTIONS ON HOW TO COMPLETE AN APPLICATION FOR A PUBLIC WATER SYSTEM LICENSE ARE AVAILABLE AT http://epa.ohio.gov/permitandlicensingwaterpublic

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

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

PWS NAME: CIANFAGLIONE FAMILY PARTNERSHIP PWS

PWS ID: OH2871112

Contact NAME: CIANFAGLIONE FAMILY PARTNERSHIP

Due Date: 12/31/2019

Revenue ID: 1319104

Amount Due: 112.00

Type Code: LFCWS

Transaction ID:

---

WATER SYSTEM INFORMATION

Name: CIANFAGLIONE FAMILY PARTNERSHIP PWS
PWS ID: OH2871112
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.

SIGNATURE OF OWNER  DATE

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1319104 0000011200 LFCWS 000000000 8
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.
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CIPRIANI INVESTMENT CO
Contact NAME: CIPRIANI INVESTMENT 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: 1319105
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319105 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

Name: GEYERS CHAPEL ARTESIAN WELL PWS
PWS ID: OH8564412
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GEYERS CHAPEL ARTESIAN WELL PWS
Contact NAME: WAYNE COUNTY COMMISSIONERS

SIGNATURE OF OWNER ______________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319524
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID:** 1319106

- 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.

---

**MACS CONVENIENCE STORES LLC**  
935 E TALLMADGE AVE  
AKRON, OH 44310

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CIRCLE K #5592 PWS</th>
<th>System Type: TRANSIENT NONCOMMUNITY</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7798312</td>
<td></td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>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>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

Attatched 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 Northeast District Office - DDAGW at 330-963-1200

**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: CIRCLE K #5592 PWS  
Contact NAME: MACS CONVENIENCE STORES 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

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<th>12/31/2019</th>
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</thead>
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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>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GHENT SQUARE LIMITED
Contact NAME: GHENT SQUARE LIMITED

SIGNATURE OF OWNER ___________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319526
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: AMERICAN LEGION POST 736
Contact NAME: AMERICAN LEGION POST 736

SIGNATURE OF OWNER ____________________________________________ DATE ____________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318734
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>BREEZEWAY MOBILE MANOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1503512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>27</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
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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></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: $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.

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BREEZEWAY MOBILE MANOR

PWS ID: OH1503512

Contact NAME: FLASK JR., JOHN A.

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<td>Revenue ID:</td>
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<td>$112.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
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</tbody>
</table>
MACS CONVENIENCE STORES LLC
935 E TALLMADGE AVE
AKRON, OH 44310

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

DETACH THIS 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 K #5613
Contact NAME: MACS CONVENIENCE STORES 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
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

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

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     TREASURER STATE OF OHIO
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     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: GIANT OIL STATION #432
Contact NAME: GIANT OIL, 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: 1319528
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.

MACS CONVENIENCE STORES LLC
935 E TALLMADGE AVE
AKRON, OH 44310

WATER SYSTEM INFORMATION

Name: CIRCLE K 5277 PWS
PWS ID: OH2868412
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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...
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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: CIRCLE K 5277 PWS
PWS ID: OH2868412
Contact NAME: MACS CONVENIENCE STORES LLC

SIGNATURE OF OWNER ___________________________________________ DATE ________________

Due Date: 12/31/2019
Revenue ID: 1319108
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
## 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>GIANT OIL STATION #438</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7784112</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>
</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>
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<tbody>
<tr>
<td>Attach 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200*

**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:** GIANT OIL STATION #438

**PWS ID:** OH7784112

**Contact Name:** GIANT OIL, INC -

**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:** 1319529

**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.

---

**GIAN T OIL, INC - BASEM I ALI**

1806 N FRANKLIN STREET
TAMPA, FL 33602

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GIANT OIL STATION #441</th>
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<td>PWS ID:</td>
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<td>System Type:</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>

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

**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></td>
</tr>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

---

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

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

PWS NAME: GIANT OIL STATION #441

PWS ID: OH7700023

Contact NAME: GIANT OIL, INC -

**SIGNATURE OF OWNER**

---

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

**Revenue ID:** 1319530

**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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 K 5363-RANDOLPH
Contact NAME: RIDLEY PRUITT (CIRCLE K)-C

SIGNATURE OF OWNER __________________________ DATE ___________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319109
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 K 5371-ATWATER
Contact NAME: MACS CONVENIENCE STORES 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: 1319110
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 000001200 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.

B&H MACHINE, INC.
15001 LINCOLN STREET SE
P O BOX 96
MINERVA, OH 44657

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: B AND H MACHINE, INC.</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7630512</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 25</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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 H MACHINE, INC.                               PWS ID: OH7630512
Contact NAME: B&H MACHINE, INC.                              

SIGNATURE OF OWNER ________________________________________ DATE __________________

Due Date: 12/31/2019
Revenue ID: 1318789
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.

BRENCKLE FARMS
12434 DUQUETTE AVENUE
HARTVILLE, OH 44632

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BRENCKLE FARMS
Contact NAME: BRENCKLE 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: 1318900
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.

MACS CONVENIENCE STORES LLC
935 E TALLMADGE AVE
AKRON, OH 44310

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CIRCLE K 5685</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2834612</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.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount:</th>
</tr>
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<tbody>
<tr>
<td></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 Northeast District Office - DDAGW at 330-963-1200

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 K 5685

Contact NAME: MACS CONVENIENCE STORES 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: | 1319111 |
| 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.

GLEN AT STATELINE LLC -
RE: STATE LINE MHPS
301 N CLEMATIS ST STE 3000
WEST PALM BEACH, FL 33401

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: GLEN AT STATE LINE MHP 1 PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5002812</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 29</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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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RETURN APPLICATION PROMPTLY...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GLEN AT STATE LINE MHP 1 PWS
Contact NAME: GLEN AT STATELINE 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: 1319535
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319535 0000011200 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.

CIRCLE RESTAURANT
1290 STATE ROUTE 14
DEERFIELD, OH 44411

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CIRCLE RESTAURANT
Contact NAME: CIRCLE 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: 1319112
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>GLENDORA HEALTH CARE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8500912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
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<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount:</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200*

**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:** GLENDORA HEALTH CARE CENTER

**Contact NAME:** GLENDORA HEALTH CARE CTR - PROGRESSIV

**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: 1319537

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1319537 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.

---

**GOLF DOME**

DAVID HERR

PO BOX 23236

CHAGRIN FALLS, OH 44023

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: GOLF DOME PWS</th>
<th>PWS ID: OH2874812</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</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: **$112.00**

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** GOLF DOME PWS  
**PWS ID:** OH2874812

**Contact NAME:** GOLF DOME

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: | 1319540 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319540 0000000000 0 |
CLARIDON MINI-MART  
C/O LYNN ASHBA  
PO BOX 565  
BURTON, OH 44021

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>CLARIDON MINI-MART</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PWS ID</strong></td>
<td>OH2874412</td>
</tr>
<tr>
<td><strong>System Type</strong></td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td><strong>Number of Wells</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Surface Water Source</strong></td>
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</tr>
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</table>

**FEES FOR YEAR 2020**

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<th><strong>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</strong></th>
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<tr>
<td><strong>Pay this amount:</strong></td>
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<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 Northeast District Office - DDAGW at 330-963-1200**

**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...**

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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:** CLARIDON MINI-MART  
**PWS ID:** OH2874412  
**Contact NAME:** CLARIDON MINI-MART

**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:** 1319114  
**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.

GOODYEAR AIRSHIP OPERATIONS  
HUW MARSDEN  
841 WINGFOOT LAKE RD  
MOGADORE, OH 44260

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: GOODYEAR - AIRSHIP OPS.  
PWS ID: OH6781912  
System Type: NONCOMMUNITY NONTRANSIENT  
Population Served: 40  
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

Confirmed the water system information...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GOODYEAR - AIRSHIP OPS.  
Contact NAME: GOODYEAR AIRSHIP OPERATIONS

Signature of Owner: ______________________  Date: ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1319542  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:  

1319542 0000011200 LFCWS 000000000 8
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.

7-ELEVEN INC
PO BOX 219088
DALLAS, TX 75221

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318692
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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ADVANCED DRAINAGE SYSTEMS PWS
Contact NAME: ADVANCED DRAINAGE SYSTEMS

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
```

Due Date: 12/31/2019
Revenue ID: 1318706
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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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: BRIMFIELD BREAD OVEN
Contact NAME: BRIMFIELD BREAD OVEN -

SIGNATURE OF OWNER

DATE

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318902
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 Northeast District Office - DDAGW at 330-963-1200

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>CLARIDON PLAZA PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2874612</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.

---

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

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

**PWS NAME:** CLARIDON PLAZA PWS

**PWS ID:** OH2874612

**Contact NAME:** CLARIDON PLAZA

**SIGNATURE OF OWNER**

**DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
</tr>
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<tbody>
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<td>Revenue ID:</td>
<td>1319115</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
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</tr>
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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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: GOODYEAR BOATING AND YACHTING ASSOCIATION</th>
</tr>
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<tbody>
<tr>
<td>PWS ID: OH7722812</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>
</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**

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
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   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GOODYEAR BOATING AND YACHTING ASSOCIATION

Contact NAME: GOODYEAR BOATING & YACHTING ASSOCIATION

SIGNATURE OF OWNER ___________________________ DATE __________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on 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: 12/31/2019</th>
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<td>Revenue ID: 1319543</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>
</tbody>
</table>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CLARIDON TOWN HALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2863312</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.

<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.

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: CLARIDON TOWN HALL

Contact NAME: CLARIDON TOWNSHIP TRUSTEES

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319116
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

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GRACE PETROLEUM - FOHL ROAD SUNOCO PWS PWS ID: OH7667012
Contact NAME: GRACE PETROLEUM - FOHL ROAD 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: 1319546
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
   - 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: BRIMFIELD FAMILY RESTAURANT
Contact NAME: BRIMFIELD STEAKHOUSE

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318903
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318903 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>GRAND RIVER VALLEY KOA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH2846612</td>
</tr>
<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells</td>
<td>2</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.

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

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**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.

---

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

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

**PWS NAME:** GRAND RIVER VALLEY KOA  
**PWS ID:** OH2846612

**Contact NAME:** HERITAGE HILLS CAMPGROUNDS, 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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---

**BRISTOL INN**

5183 OLD LAKE RD

GENEVA ON THE LAKE, OH 44041

---

**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
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<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</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**

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

**PWS NAME:** BRISTOL INN

**PWS ID:** OH7830612

**Contact NAME:** BRISTOL INN

**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: | 1318904 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318904 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

CLAYS PARK
13190 PATTERSON RD NW
NORTH LAWRENCE, OH 44666

WATER SYSTEM INFORMATION
Name: CLAYS PARK - WATER PARK PWS
PWS ID: OH7661312
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: No
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 Northeast District Office - DDAGW at 330-963-1200

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: CLAYS PARK - WATER PARK PWS
PWS ID: OH7661312
Contact NAME: CLAYS 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: 1319119
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319119 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.

GRANGER LAKE CONDOMINIUMS 2&3
171 GRANGER ROAD #125
MEDINA, OH 44256

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GRANGER LAKE CONDOS 2 AND 3
Contact NAME: GRANGER LAKE CONDOMINIUMS 2&3

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319552
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.

CLAYS PARK
13190 PATTERTON RD NW
NORTH LAWRENCE, OH 44666

WATER SYSTEM INFORMATION
Name: CLAYS PARK - WELCOME CENTER PWS
PWS ID: OH7661512
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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: 1319120
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1318905

- 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>BRISTOLWOOD GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7835512</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>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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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: BRISTOLWOOD GOLF COURSE  
Contact NAME: BRISTOLWOOD 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>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1318905</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>
</tr>
</tbody>
</table>

1318905 0000011200 LFCWS 000000000
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CLAYS PARK CAMPING RESORT PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7654812</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>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</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.

**CONTRACT THE WATER SYSTEM INFORMATION...**

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

---

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319121
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.

GREAT TRAIL GOLF
10154 GREAT TRAIL DRIVE
MINERVA, OH 44657

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GREAT TRAIL GOLF
PWS ID: OH1036812
Contact NAME: GREAT TRAIL 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: 1319556
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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.

---

**Green Leaf Restaurant**
2905 Cleveland Rd
Wooster, OH 44691

---

**WATER SYSTEM INFORMATION**
Name: Green Leaf Restaurant PWS
PWS ID: OH8562312
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**

---

**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 Northeast District Office - DDAGW at 330-963-1200

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 Leaf Restaurant PWS
**PWS ID:** OH8562312
**Contact NAME:** Green Leaf 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: 1319559
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**

**2020**

---

**WATER SYSTEM INFORMATION**

- **Name:** BAGH INC. DBA WESTVILLE SUNOCO
- **PWS ID:** OH1563112
- **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>Attach 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: $112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** BAGH INC. DBA WESTVILLE SUNOCO

**Contact NAME:** BRAGHERI, AMIR

**SIGNATURE OF OWNER** ____________________ **DATE** ________________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318792
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318792 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PROGRESSIVE QUALITY CARE
5553 BROADVIEW ROAD
PARMA, OH 44134

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 HEALTH AND WELLNESS CENTER
PWS ID: OH7605212
Contact NAME: PROGRESSIVE QUALITY CARE

SIGNATURE OF OWNER __________________________ DATE ________________

Pay to: Treasurer, 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: 1319561
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1319561 0000011200 LFCWS 00000000 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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   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: CLEARVIEW GOLF COURSE
Contact NAME: CLEARVIEW 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: | 1319125 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319125 0000011200 LFCWS 000000000 3 |
A PUBLIC WATER SYSTEM LICENSE NOTICE

POINAR MANAGEMENT GROUP
PO BOX 13758
AKRON, OH 44334

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CLEARVIEW INN PWS
Contact NAME: POINAR MANAGEMENT GROUP

SIGNATURE OF OWNER ____________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
Due Date: 12/31/2019
Revenue ID: 139126
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1319126 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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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 Northeast District Office - DDAGW at 330-963-1200

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: GREENE EAGLE WINERY PWS

Contact NAME: GREENE EAGLE WINERY

SIGNATURE OF OWNER ______________________________________ DATE __________________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1319567
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.

BAINBRIDGE TOWNSHIP TRUSTEES
POLICE STATION
17800 HASKINS ROAD
CHAGRIN FALLS, OH 44023

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: BAINBRIDGE TOWNSHIP BUILDING</td>
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</tr>
<tr>
<td>PWS ID: OH2859712</td>
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<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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BAINBRIDGE TOWNSHIP BUILDING
Contact NAME: BAINBRIDGE TOWNSHIP TRUSTEES

SIGNATURE OF OWNER __________________________ DATE __________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318793
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.

BRONZWOOD GOLF COURSE
9645 KINSMAN-PYMATUMING ROAD
KINSMAN, OH 44428

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** BRONZWOOD GOLF COURSE

**Contact NAME:** BRONZWOOD GOLF COURSE

**PWS ID:** OH7835612

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318908
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.

CLEVE METROPARKS - HINCKLEY
2191 PARKER RD
HINCKLEY, OH 44233

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CLEVE METROPARKS HINCKLEY LAKE BATH
Contact NAME: CLEVE METROPARKS - HINCKLEY

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319127
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GREENTREE WATER COMPANY
PWS ID: OH1800812
Contact NAME: GREENTREE WATER 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: 1319569
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319569 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: GREIF PACKAGING, LLC
Contact NAME: GREIF PACKAGING, 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: 1319570
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>CLEV METROPARKS LEDGE LAKE CONCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5256312</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>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: CLEV METROPARKS LEDGE LAKE CONCESS

Contact NAME: CLEV METROPARKS - HINCKLEY

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319128
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319128 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.

GUERNE HEIGHTS DRIVE-IN
3004 DOVER RD
WOOSTER, OH 44691

WATER SYSTEM INFORMATION
Name: GUERNE HEIGHTS DRIVE-IN
PWS ID: OH8558812
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GUERNE HEIGHTS DRIVE-IN
Contact NAME: GUERNE HEIGHTS DRIVE-IN

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319572
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319572 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CLEVELAND METROPARKS/ALBION WOODS PICNIC
Contact NAME: CLEV. METROPARKS/ALBION WOODS PICNIC

SIGNATURE OF OWNER ________________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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</table>
**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>GUGGISBERG CHEESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3847212</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>130</td>
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<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.

Pay this amount: $112.00

**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:** GUGGISBERG CHEESE

**Contact NAME:** GUGGISBERG CHEESE INC.

**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: | 1319573 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319573 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.

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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...

1. Such as System Name, System Type, Mailing Address, and Fee Amount.
2. IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

GUGGISBERG SWISS INN
PO BOX 1
CHARM, OH 44617

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: GUGGISBERG SWISS INN
Contact NAME: GUGGISBERG SWISS 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: 1319574
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

Clewells Landing
6920 Clewell Drive
Lisbon, OH 44432

WATER SYSTEM INFORMATION

Name: Clewells Landing PWS
PWS ID: OH1552012
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: Clewells Landing PWS
Contact NAME: Clewells Landing

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319131
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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GUIDOS PIZZA
12809 CHILLICOTHE RD
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION
Name: GUIDOS PIZZA/PLAZA PWS
PWS ID: OH2833312
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: GUIDOS PIZZA/PLAZA PWS
Contact NAME: GUIDOS 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.

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: GUILFORD HIGHLANDS MOBILE HOME PARK PWS</th>
<th>PWS ID: OH1504112</th>
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<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 37</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
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**FEES FOR YEAR 2020**

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<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>Pay this amount: $112.00</td>
</tr>
<tr>
<td>IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200</td>
</tr>
<tr>
<td>3 PAY FEES... Please pay the required fee by check, money order or credit card.</td>
</tr>
<tr>
<td>Make check or money order payable to: TREASURER STATE OF OHIO</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: GUILFORD HIGHLANDS MOBILE HOME PARK PWS
Contact NAME: BAMBI 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: | 1319576 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319576 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.

BAINBRIDGE TOWNSHIP TRUSTEES
POLICE STATION
17800 HASKINS ROAD
CHAGRIN FALLS, OH 44023

WATER SYSTEM INFORMATION
Name: BAINBRIDGE TOWNSHIP POLICE STATION PWS
PWS ID: OH2872012
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 28
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BAINBRIDGE TOWNSHIP POLICE STATION PWS
Contact NAME: BAINBRIDGE TOWNSHIP TRUSTEES

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318794
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318794 0000011200 LFCWS 000000000 5
**WATER SYSTEM INFORMATION**

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<tr>
<td>Name:</td>
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<tr>
<td>PWS ID:</td>
<td>OH1547612</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>
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</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
</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.

**Important:**

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** GUILFORD LAKE GRILLE PWS  
**PWS ID:** OH1547612

**Contact NAME:** GUILFORD LAKE GRILLE

**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: | 1319577 |
| 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

Name: GUILFORD LAKE RURITAN CLUB PWS  
PWS ID: OH1559512  
System Type: TRANSIENT NONCOMMUNITY  
Number of Wells: 1  
Surface Water Source: No

**FEES FOR YEAR 2020**

<table>
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<tr>
<th></th>
<th>TOTAL</th>
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<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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<td>Pay this amount:</td>
<td>$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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

**SIGNATURE OF OWNER**

NAME: GUILFORD LAKE RURITAN CLUB  
DATE

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1319578  
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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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HALE FARM
P.O. BOX 296
BATH, OH 44210

WATER SYSTEM INFORMATION
Name: HALE FARM - HERRICK WELL
PWS ID: OH7783312
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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HALE FARM - HERRICK WELL
Contact NAME: HALE FARM

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319581
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

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HALF-WAY RESTAURANT
Contact NAME: HALFWAY 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

<table>
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<th>Due Date: 12/31/2019</th>
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<tr>
<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.

---

**WATER SYSTEM INFORMATION**

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<th>Field</th>
<th>HAMBDEN COUNTRY INN PWS</th>
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<tr>
<td>Name</td>
<td>HAMBDEN COUNTRY INN PWS</td>
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<tr>
<td>PWS ID</td>
<td>OH2874512</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>
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**FEES FOR YEAR 2020**

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<tr>
<th>Description</th>
<th>TOTAL</th>
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<tr>
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</tr>
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</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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)

<table>
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<tbody>
<tr>
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<tr>
<td>Contact NAME</td>
<td>HAMBDEN COUNTRY INN</td>
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</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.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319583
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**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.**

---

**BAINBRIDGE TOWNSHIP TRUSTEES**

**POLICE STATION**

17800 HASKINS ROAD

CHAGRIN FALLS, OH 44023

---

**WATER SYSTEM INFORMATION**

- **Name:** BAINBRIDGE TWP-SETTLERS
- **PWS ID:** OH2866412
- **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**

---

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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:** BAINBRIDGE TWP-SETTLERS

**Contact NAME:** BAINBRIDGE 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

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<table>
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<tr>
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<tr>
<td>Transaction ID:</td>
<td></td>
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BROOKSIDE COUNTRY CLUB
MR. JOE FLOGGE
3727 GOLF COURSE DRIVE
NORTON, OH 44203

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 COUNTRY CLUB
Contact NAME: BROOKSIDE 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
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---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1319136

---

**CLINTON MACHINE**
C/O TERRY PODNAR
6250 VAN BUREN ROAD
CLINTON, OH 44216

---

**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name:</th>
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<tr>
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<td>OH7700001</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
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<td>76</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
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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**

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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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   - 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:** CLINTON MACHINE PWS

**Contact NAME:** CLINTON MACHINE

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

Pay to: **Treasurer, 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: | 1319136 |
| 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.

---

**CLOVERLEAF MHP, LLC**

4086 BOSTON RD LOT 9

BRUNSWICK, OH 44212

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: CLOVERLEAF MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH5200012</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 28</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<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.

**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:** CLOVERLEAF MOBILE HOME PARK

**PWS ID:** OH5200012

**Contact NAME:** CLOVERLEAF 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:** 1319138

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...
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3. PAY FEES...
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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: HARLEM SPRINGS DAIRY DREAM PWS
Contact NAME: HARLEM SPRINGS DAIRY DREAM

SIGNATURE OF OWNER ______________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319590
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319590 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CLUB DESIREE'S
OWNER
4951 WOOSTER RD
NORTON, OH 44203

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CLUB DESIREES PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7768512</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.
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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: CLUB DESIREES PWS
Contact NAME: CLUB DESIREE'S

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, 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: | 1319139 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Treasurer, State of Ohio.
PO BOX 77005
Cleveland, OH 44194-7005
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HARRISON HILLS ASSOC, INC.
2241 GEM ROAD
CARROLLTON, OH 44615

WATER SYSTEM INFORMATION

Name: HARRISON HILLS CAMP 2
PWS ID: OH1043316
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319592
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: BAIRD BROTHERS SAWMILL, INC.</th>
<th>PWS ID: OH5052512</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Population Served: 105</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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...**
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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: BAIRD BROTHERS SAWMILL, INC.  PWS ID: OH5052512
Contact NAME: BAIRD BROTHERS SAWMILL 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>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID: 1318796</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>
**PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1319593

- **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: HARRISON HILLS CAMP 3  
PWS ID: OH1039312  
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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Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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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.

DDAGW PW: Public Water System License to Operate (LFCWS)  
**PWS NAME:** HARRISON HILLS CAMP 3  
**PWS ID:** OH1039312  
**Contact NAME:** HARRISON HILLS ASSOC, 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: 1319593  
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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HARRISON HILLS ASSOC, INC.
2241 GEM ROAD
CARROLLTON, OH 44615

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: HARRISON HILLS CAMP 4 PWS</td>
<td>TOTAL</td>
</tr>
<tr>
<td>PWS ID: OH1039412</td>
<td>Pay this amount: $112.00</td>
</tr>
<tr>
<td>System Type : TRANSIENT NONCOMMUNITY</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319594
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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2 SIGN...
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4 RETURN APPLICATION PROMPTLY...
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WATER SYSTEM INFORMATION

Name: CLUBHOUSE
PWS ID: OH6735412
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: CLUBHOUSE
Contact NAME: CLUBHOUSE

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319141
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319141 0000011200 LFCWS 000000000
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HARRISON HILLS ASSOC, INC.
2241 GEM ROAD
CARROLLTON, OH 44615

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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HARRISON HILLS CAMP 5 PWS
OH1039512
TRANSIENT NONCOMMUNITY

Pay this amount: $112.00

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HARRISON HILLS CAMP 5 PWS
Contact NAME: HARRISON HILLS ASSOC, INC.

SIGNATURE OF OWNER ____________________________ DATE ____________________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319595
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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HARRISON HILLS ASSOC, INC.
2241 GEM ROAD
CARROLLTON, OH 44615

WATER SYSTEM INFORMATION
Name: HARRISON HILLS CAMP 6 PWS
PWS ID: OH1039612
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>
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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: HARRISON HILLS CAMP 6 PWS
PWS ID: OH1039612
Contact NAME: HARRISON HILLS ASSOC, 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: 1319596
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

## WATER SYSTEM INFORMATION

| Name: CNC METAL PRODUCTS (GLOBAL BODY/EQUIP) | PWS ID: OH8554612 |
| System Type: NONCOMMUNITY NONTRANSIENT | Population Served: 108 |
| Surface Water Source: No |

## FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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</tbody>
</table>

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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)

<table>
<thead>
<tr>
<th>PWS NAME:</th>
<th>CNC METAL PRODUCTS (GLOBAL BODY/EQUIP)</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8554612</td>
</tr>
<tr>
<td>Contact NAME:</td>
<td>CNC METAL PRODUCTS (GLOBAL BODY &amp; EQU</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.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

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<tr>
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</tr>
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<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.

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>
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<tr>
<td>Name: WYAND, RANDY</td>
<td>HARTFORD HILL WINERY PWS</td>
<td></td>
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<tr>
<td>PWS ID: OH7856317</td>
<td>TRANSIENT NONCOMMUNITY</td>
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</tr>
<tr>
<td>System Type :</td>
<td>Number of Wells: 1</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
<td></td>
</tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HARTFORD HILL WINERY PWS
Contact NAME: WYAND, RANDY

SIGNATURE OF OWNER ___________________________ DATE ____________

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

CNC PRECISION MACHINE INC
PO BOX 739
PARKMAN, OH 44080

<table>
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<tr>
<th>WATER SYSTEM INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name: CNC PRECISION MACHINE, INC. PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2876918</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 50</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.

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2 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: CNC PRECISION MACHINE, INC. PWS
Contact NAME: CNC PRECISION MACHINE INC

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: 1319143
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HARTSGROVE TAVERN
Contact NAME: HARTSGROVE 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: 1319599
Amount Due: $112.00
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**

**WATER SYSTEM INFORMATION**

| Name: | BANN THAI LLC |
| PWS ID: | OH5051012 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** BANN THAI LLC

**Contact NAME:** MASNYK HOLDINGS LLC

**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: | 1318797 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318797 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>COACH HOUSE PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876012</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.

**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...**

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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:** COACH HOUSE PWS

**Contact NAME:** TRI-STATE REALTY/FT ASSOCIATES

**SIGNATURE OF OWNER** ___________________ **DATE** __________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1319144
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319144 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BELL STORES
7977 HILLS & DALES RD NE
MASSILLON, OH 44646-5242

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>HARTVILLE BELLSTORES PWS</th>
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<td>PWS ID:</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

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<tr>
<th>TOTAL</th>
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<tr>
<td>Pay this amount:</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.

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

PAY FEES...
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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 ID: OH7631112
PWS NAME: HARTVILLE BELLSTORES PWS
Contact NAME: BELL STORES

SIGNATURE OF OWNER ___________________________ DATE _____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319601
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319601 0000011200 LFCWS 00000000 0
**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
<th>HARTVILLE FAMILY MINI MART</th>
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<tr>
<td>PWS ID:</td>
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**FEES FOR YEAR 2020**

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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.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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:** HARTVILLE FAMILY MINI MART

**PWS ID:** OH7637412

**Contact NAME:** SAI OM 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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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**

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - 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**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: HARTVILLE PROPERTIES-GEORGIOS PIZZA PWS</th>
<th>PWS ID: OH7677623</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>
<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 |

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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: HARTVILLE PROPERTIES-GEORGIOS PIZZA PWS

Contact NAME: ORPHANIDIS, ANESTIS

SIGNATURE OF OWNER ____________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319603
Amount Due: $112.00
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
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SYSTEM LICENSE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: HARVEST INN - HOMEWORTH</td>
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<tr>
<td>PWS ID: OH1531412</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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   - Make check or money order payable to: TREASURER STATE OF OHIO
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4. RETURN APPLICATION PROMPTLY...
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PAYNE, ERIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2868012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

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<th>TOTAL</th>
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</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: BROWN BARN LLC
Contact NAME: PAYNE, ERIC

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318917 |
| 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:** COBLENTZ CHOCOLATE COMPANY PWS
- **PWS ID:** OH3850817
- **System Type:** NONCOMMUNITY NONTRANSIENT
- **Population Served:** 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>COBLENTZ CHOCOLATE COMPANY PWS</th>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH3850817</td>
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<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>33</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

---

**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:** COBLENTZ CHOCOLATE COMPANY PWS  
**PWS ID:** OH3850817

**Contact NAME:** JM COBLENTZ 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

| Revenue ID: | 1319146 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HAWKS NEST AT OHIO ATI</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8555812</td>
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<tr>
<td>System Type :</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
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<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2020**

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</thead>
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<table>
<thead>
<tr>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: HAWKS NEST AT OHIO ATI

Contact NAME: HAWKS NEST AT OHIO STATE ATI

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319605
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.

HAYLETT, SHAWN
4699 STATE ROUTE 82
MANTUA, OH 44255

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HAYLETT'S BP PWS
Contact NAME: HAYLETT, SHAWN

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BARKER SPRING CANTON PARK COMMISSION
Contact NAME: BARKER SPRING-CANTON PKS

SIGNATURE OF OWNER ___________________________ DATE __________

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

---

**KOVAL, JOHN**
8340 FEE ROAD
ORWELL, OH 44076

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KOVAL, JOHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0430012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
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<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>
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</thead>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**SIGN...**

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

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**RETURN APPLICATION PROMPTLY...**

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**NOTICE**

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

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

**PWS NAME:** COLEBROOK LOUNGE

**PWS ID:** OH0430012

**Contact NAME:** KOVAL, 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:** 1319148

**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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---

**HEARTHSTONE FAMILY PRACTICE**
4444 S ARLINGTON RD
UNIONTOWN, OH 44685

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HEARTHSTONE FAMILY PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7700018</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>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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**SIGN...**

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

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

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**FEES FOR YEAR 2020**

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Pay this amount: $112.00

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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: HEARTHSTONE FAMILY PRACTICE

Contact NAME: HEARTHSTONE FAMILY PRACTICE

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<th>Due Date:</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>
<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.

HEARTLAND HILL
PO BOX 392
CARROLLTON, OH 44615

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: HEARTLAND HILL
PWS ID: OH1032612
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319613
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.

HEATHER HILL CARE COMMUNITIES
12340 BASS LAKE RD
CHARDON, OH 44024

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: HEATHER HILL CARE COMMUNITIES</td>
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<tr>
<td>PWS ID: OH2804212 COMMUNITY</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<td>Number of Service Connections: 4</td>
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<td>Surface Water Source: No</td>
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</tr>
</tbody>
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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: HEATHER HILL CARE COMMUNITIES
Contact NAME: HEATHER HILL CARE COMMUNITIES

SIGNATURE OF OWNER _____________________________ DATE _____________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319614
Amount Due: \$112.00
Type Code: LFCWS
Transaction ID:
**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name:</th>
<th>BARREL RUN CROSSING WINERY VINEYARD PWS</th>
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<tbody>
<tr>
<td>PWS ID:</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**

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<tr>
<th>TOTAL</th>
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**Pay this amount:**

$112.00

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

   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** BARREL RUN CROSSING WINERY VINEYARD PWS

**Contact NAME:** BARREL RUN CROSSING WINERY VINEYARD

**PWS ID:** OH6789012

**Amount Due:** $112.00

**Type Code:** LFCWS

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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

| Revenue ID: | 1318800 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318800 0000011200 LFCWS 0000000000 |
PUBLIC WATER SYSTEM LICENSE NOTICE

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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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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: COLUMBIANA COUNTY-COUNTY HOME RD PWS
Contact NAME: COLUMBIANA CNTY WATER & SEWER DIST #2

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319154
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

HEMLOCK SPRINGS GOLF CLUB
4654 CORK COLD SPRINGS ROAD
GENEVA, OH 44041

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
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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: HEMLOCK SPRINGS GOLF CLUB
Contact NAME: HEMLOCK SPRINGS 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: 1319621
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
HERITAGE PRIVATE SCHOOL
9060 YODER ROAD
STERLING, OH 44276

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>HERITAGE PRIVATE SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8558912</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>85</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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HERITAGE PRIVATE SCHOOL
Contact NAME: HERITAGE PRIVATE SCHOOL

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Due Date: 12/31/2019
Revenue ID: 1319625
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.

**WATER SYSTEM INFORMATION**

Name: COMET MOBILE HOME PARK
PWS ID: OH7700812
System Type: COMMUNITY
Number of Service Connections: 20
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.

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: COMET MOBILE HOME PARK
Contact NAME: MANNING, MARK

SIGNATURE OF OWNER __________________________ DATE _______________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319156
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319156 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>HERITAGE TRUCK EQUIPMENT PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7677637</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>45</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.

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

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

PWS NAME: HERITAGE TRUCK EQUIPMENT PWS

Contact NAME: BEACON HILL 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.

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.

HF GROUP LLC
8844 MAYFIELD ROAD
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION

Name: HF GROUP LLC PWS
PWS ID: OH2846512
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HF GROUP LLC PWS
Contact NAME: HF GROUP 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: 1319628
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.

COMM. HEALTH CARE MANCHESTER - DRJ LT
247 KENSINGTON PARK DRIVE
TALLMADGE, OH 44278

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: COMMUNITY HEALTH CARE MANCHESTER PWS
Contact NAME: COMM. HEALTH CARE MANCHESTER - DRI LT

SIGNATURE OF OWNER ______________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319157
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.

HORNAK, JEFF
3716 E STATE RD
BARBERTON, OH 44203

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HI-WAY DISTRIBUTING CORP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7762712</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>52</td>
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<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>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: HI-WAY DISTRIBUTING CORP

Contact NAME: HORNAK, JEFF

Signature of Owner ___________________________ Date ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319630
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HICKORY GROVE GOLF COURSE
Contact NAME: HICKORY GROVE GLF COURSE

PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on 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.

BATH TOWNSHIP OFFICE
3864 W. BATH ROAD
P.O. BOX 1188
BATH, OH 44210-1188

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BATH TOWNSHIP OFFICE
Contact NAME: BATH TOWNSHIP OFFICE

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318802
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.

CONTINENT HEALTH CO OF HARTFORD
3090 FIVE POINTS-HARTFORD ROAD
FOWLER, OH 44418

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CONCORD CARE CENTER - HARTFORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7800812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</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></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>
<tr>
<td>Pay this amount:</td>
<td>$112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CONCORD CARE CENTER - HARTFORD
Contact NAME: CONTINENT HEALTH CO OF HARTFORD

SIGNATURE OF OWNER ____________________________ DATE _______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319161
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319161 0000011200 LFCWS 000000000 8
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.

---

**CONCORD CARE CTR OF CORTLAND**
4250 SODOM-HUTCHINGS ROAD
CORTLAND, OH 44410

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CONCORD CARE CENTER OF CORTLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7800712</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CONCORD CARE CENTER OF CORTLAND
Contact NAME: CONCORD CARE CTR OF CORTLAND

SIGNATURE OF OWNER ______________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319162 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319162 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.

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: HIDDEN COVE RESORT</td>
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<tr>
<td>PWS ID: OH6742412</td>
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</tr>
<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>

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HIDDEN COVE RESORT
Contact NAME: HIDDEN COVE 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: | 1319640 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319640 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ADVENTURE PLACE
Contact NAME: ADVENTURE PLACE

SIGNATURE OF OWNER ___________________________ DATE _____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318709
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318709 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

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

If this information is incorrect contact Northeast District Office - DDAGW at 330-963-1200

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: CONGRESS LAKE CLUB-BOATHOUSE

Contact NAME: CONGRESS LAKE 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: 1319165
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
CONGRESS LAKE CLUB
1 EAST DRIVE
P O BOX 370
HARTVILLE, OH 44632

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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CONGRESS LAKE CLUB-CLUBHOUSE
PWS ID: OH7650212
Contact NAME: CONGRESS LAKE 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: 1319166
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319166 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.

HIDDEN LAKES FAMILY CAMPGROUND
17147 GAR HWY
MONTVILLE, OH 44064

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: HIDDEN LAKES FAMILY CAMPGROUND 1</th>
<th>PWS ID: OH2843712</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>TOTAL</th>
<th>Pay this amount: $112.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HIDDEN LAKES FAMILY CAMPGROUND 1  PWS ID: OH2843712
Contact NAME: HIDDEN LAKES FAMILY CAMPGROUND

SIGNATURE OF OWNER ___________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1319646
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

1319646 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>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>CONGRESS LAKE CLUB-HALFWAY HOUSE</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH7620212</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>Fee</th>
<th>Total</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.

---

### 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 NORTHEAST DISTRICT OFFICE** - DDAGW at 330-963-1200

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:** CONGRESS LAKE CLUB-HALFWAY HOUSE  
**PWS ID:** OH7620212  
**Contact NAME:** CONGRESS LAKE 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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tr>
<td>Due Date</td>
<td>12/31/2019</td>
</tr>
<tr>
<td>Revenue ID</td>
<td>1319167</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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**Invoice/Revenue ID:** 1319167
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HIDDEN LAKES FAMILY CAMPGROUND 2
Contact NAME: HIDDEN LAKES FAMILY CAMPGROUND
PWS ID: OH2867012

SIGNATURE OF OWNER ______________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1319647</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></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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: HIDDEN LAKES FAMILY CAMPGROUND 3</td>
<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>
<tr>
<td>PWS ID: OH2867022</td>
<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>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Pay this amount: $112.00</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. PAY FEES...
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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: HIDDEN LAKES FAMILY CAMPGROUND 3 PWS ID: OH2867022
Contact NAME: HIDDEN LAKES FAMILY 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: 1319648
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319648 0000011200 LFCWS 0000000001
**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: CONGRESS LAKE CLUB-MAINTENANCE</th>
<th>PWS ID: OH7620012</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**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** CONGRESS LAKE CLUB-MAINTENANCE

**PWS ID:** OH7620012

**Contact NAME:** CONGRESS LAKE 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1319168</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></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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HIDDEN OAKS GOLF COURSE
Contact NAME: HIDDEN OAKS GOLF COURSE

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319649 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319649 0000011200 LFCWS 000000000 0 |
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1318806

- **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.**

BAYLOFF STAMPED PRODUCTS-KINSMAN  
8091 SR 5  
KINSMAN, OH 44428

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

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>BAYLOFF STAMPED PRODUCTS-KINSMAN</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH7850312</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**  
**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.

**CONFIRM THE WATER SYSTEM INFORMATION...**  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
*IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200*

**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: BAYLOFF STAMPED PRODUCTS-KINSMAN  
Contact NAME: BAYLOFF STAMPED PRODUCTS-KINSMAN

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

Pay to: **Treasurer, 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: | 1318806 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 MEDICAL PLACE PWS
Contact NAME: PETRONZIO 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

| Revenue ID: 1318930 |
| Due Date: 12/31/2019 |
| 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.

- 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

1. CONFFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HIDDEN VALLEY GOLF CLUB
Contact NAME: HIDDEN 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

Due Date: 12/31/2019
Revenue ID: 1319652
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319652 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

PORTAGE LAKES INVESTMENT LLC
TAMMIE NATHANIEL
PO BOX 27
CLINTON, OH 44216

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HIGH POINT VILLA APTS. 
PWS ID: OH7709012
Contact NAME: PORTAGE LAKES INVESTMENT 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: 1319655
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0000011200
**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.

**BUCKEYE PACKAGING, INC.**
12223 MARLBORO AVE NE
ALLIANCE, OH 44601

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BUCKEYE PACKAGING, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7660412</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>80</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

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**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: <strong>$112.00</strong></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>

---

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

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- If this information is incorrect contact Northeast District Office - DDAGW at 330-963-1200

**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 PACKAGING, INC.  
**PWS ID:** OH7660412  
**Contact NAME:** BUCKEYE PACKAGING, INC.

**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:** 1318931  
**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:         | CONRAD'S TIRE REALTY PWS                  |
| PWS ID:       | OH7700031                                 |
| System Type:  | TRANSIENT NONCOMMUNITY                    |
| Number of Wells: | 1                                      |
| Surface Water Source: | No                                    |

---

**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></td>
</tr>
<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.

---

**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.
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: 1319171
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.

Cleveland Sight Center
1909 E 101 ST
CLEVELAND, OH 44106

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Highbrook Lodge PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2876914</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: Highbrook Lodge PWS

Contact NAME: Cleveland Sight 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: 1319658
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319658 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.

**BAYLOR BEACH PARK, INC.**
8655 MANCHESTER ROAD SW
NAVARRE, OH 44662

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>BAYLOR BEACH PARK, INC. PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7630612</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>
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<tr>
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<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>
<td>Pay this amount: $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:** BAYLOR BEACH PARK, INC. PWS

**PWS ID:** OH7630612

**Contact NAME:** BAYLOR BEACH PARK, 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: | 1318807 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318807 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.

---

COPE PROPERTIES, LLC
180 DUQUESNE ST
COLUMBIANA, OH 44408

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>COOKS CORNER PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1566514</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**

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<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>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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. **PAY FEES...**
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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: COOKS CORNER PWS
Contact NAME: COPE 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
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<td>Revenue ID:</td>
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<tr>
<td>Amount Due:</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.

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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>HILL N DALE CLUB</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5235212</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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HILL N DALE CLUB

Contact NAME: HILL N DALE 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: 1319660
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.

CAMPBELL OIL COMPANY
7977 HILLS AND DALES RD NE
MASSILLON, OH 44646

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
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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: HILLCREST MARATHON
Contact NAME: CAMPBELL 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.

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: HILLCREST MARATHON</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8538712</td>
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<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

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

---

**BAYSHORE CAMPGROUNDS**

7124 PYMATUNING LAKE ROAD.

ANDOVER, OH 44003

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BAYSHORE CAMPGROUND PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH0400112</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells: 2</td>
</tr>
<tr>
<td>Surface Water Source: 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>

---

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

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

**IMPORTANT**

**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:** BAYSHORE CAMPGROUND PWS

**Contact NAME:** BAYSHORE 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:** 1318808

**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.

BUDGET INN  
ATTN: PRAVIN PATEL  
5891 AKRON-CLEVELAND ROAD  
HUDSON, OH 44236

WATER SYSTEM INFORMATION

Name: BUDGET INN  
PWS ID: OH7751122  
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BUDGET INN  
PWS ID: OH7751122

Contact NAME: BUDGET 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: 1318934  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID: 1318934 0000011200 LFCWS 000000000
<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: HILLSIDE PARK-1</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7776612</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HILLSIDE PARK-1
Contact NAME: HILLSIDE PARK-1

SIGNATURE OF OWNER ______________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319669
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319669 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.

SMITH, STEVE J.
1477 SUFFIELD OAKS LN
MOGADORE, OH 44260

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name: HILLSIDE TAVERN</td>
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<tr>
<td>PWS ID: OH6742912</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HILLSIDE TAVERN
Contact NAME: SMITH, STEVE J.

SIGNATURE OF OWNER ________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319670
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1319670 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HINCKLEY DONUT AND COFFEE PWS
Contact NAME: HINCKLEY DONUT AND COFFEE

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319671
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319671 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.

BUDS CORNER
5750 COLUMBUS ROAD
LOUISVILLE, OH 44641

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BUDS CORNER PWS
Contact NAME: BUDS 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: 1318935
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.**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>COLEY POLICE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7796412</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</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>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>
<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.

**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:** COLEY POLICE DEPARTMENT  
**PWS ID:** OH7796412

**Contact NAME:** COLEY POLICE DEPARTMENT

**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>
<tbody>
<tr>
<td>Revenue ID:</td>
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</tr>
<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>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HINCKLEY DONUT AND COFFEE PWS
Contact NAME: VANOVER, STEPHANIE

SIGNATURE OF OWNER __________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319671
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319671 0000001200 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HINCKLEY HILLS GOLF COURSE INC.-CLUBHOUS
Contact NAME: HINCKLEY HILLS GOLF COURSE 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: 1319672
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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: JVJ PROPERTIES</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5245312</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>

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HINCKLEY PLAZA
Contact NAME: JVJ 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.

Due Date: 12/31/2019
Revenue ID: 1319673
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS 000000000 9
**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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HINCKLEY TOWN HALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5236412</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>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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<tr>
<td>$112.00</td>
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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 Northeast District Office - DDAGW at 330-963-1200

**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:** HINCKLEY TOWN HALL  
**PWS ID:** OH5236412  
**Contact NAME:** HINCKLEY TOWN HALL

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005  

**Due Date:**  
12/31/2019  
**Revenue ID:**  
1319674  
**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.

PEARL COMMONS
CABLE TIES UNLIMITED
420 PEARL ROAD
BRUNSWICK, OH 44212

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ADVENTURES IN LEARNING DAYCARE PWS
PWS ID: OH5260212
Contact NAME: PEARL COMMONS

SIGNATURE OF OWNER __________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318710
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>HIOAKS CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6779712</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>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: HIOAKS CAMPGROUND

Contact NAME: HIOAKS 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: | 1319676 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319676 0000011200 LFCWS 000000000 6 |
2020  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1319182

- 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

CORTLAND MOOSE LODGE
6400 STATE ROUTE 46
CORTLAND, OH 44410

WATER SYSTEM INFORMATION
Name: CORTLAND MOOSE LODGE
PWS ID: OH7850412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Name: CORTLAND MOOSE LODGE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</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.

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CORTLAND MOOSE LODGE  PWS ID: OH7850412
Contact NAME: CORTLAND MOOSE 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: 1319182
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319182 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>
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<tr>
<td>PWS ID:</td>
<td>OH7665412</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>
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<td>Surface Water Source:</td>
<td>No</td>
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### FEES FOR YEAR 2020

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<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: $112.00</td>
<td></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.

### 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 Northeast District Office - DDAGW at 330-963-1200.

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:** HITCHIN POST  
**PWS ID:** OH7665412

**Contact NAME:** OSOLINSKI, ROBERT

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Revenue ID:</td>
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<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
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<td>Transaction ID:</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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BUNKERHILL CHEESE CO.
6005 CR 77
MILLERSBURG, OH 44654

WATER SYSTEM INFORMATION
Name: BUNKERHILL CHEESE CO.
PWS ID: OH3830712
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 40
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

PAY FEES...
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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: BUNKERHILL CHEESE CO. PWS ID: OH3830712
Contact NAME: BUNKERHILL CHEESE 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: 1318937
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**

- **Name:** HOLE IN THE WALL
- **PWS ID:** OH7833012
- **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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** HOLE IN THE WALL  
**PWS ID:** OH7833012  
**Contact NAME:** THE HOLE IN THE WALL

**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: 1319683  
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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- 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: BUNKYS PUB</td>
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<tr>
<td>PWS ID: OH4330217</td>
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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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<td>Surface Water Source: No</td>
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<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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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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- 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: BUNKYS PUB
Contact NAME: BUNKYS 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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<td>Amount Due: $112.00</td>
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<tr>
<td>Type Code: LFCWS</td>
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<tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2 SIGN...
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   - Make check or money order payable to: TREASURER STATE OF OHIO
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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: COUGARZ SPORTS BAR
Contact NAME: COUGARZ SPORTS 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: 1319186
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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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: HOLLY HILL HEALTH CARE RESIDENCE  
PWS ID: OH2801312  
System Type: COMMUNITY  
Number of Service Connections: 1  
Surface Water Source: No

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
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</tr>
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<td><strong>Pay this amount:</strong></td>
</tr>
<tr>
<td><strong>$112.00</strong></td>
</tr>
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</table>

**ATTACHMENT**

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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: HOLLY HILL HEALTH CARE RESIDENCE  
PWS ID: OH2801312  
Contact NAME: HOLLY HILL HEALTH CARE RESIDENCE

**SIGNATURE OF OWNER** ___________**DATE** ____________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on 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: 12/31/2019</th>
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<td>Amount Due: $112.00</td>
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<td>Type Code: LFCWS</td>
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Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

GRIFFITHS HEALTH CARE GROUP
2226 WOOSTER RD.
ROCKY RIVER, OH 44116

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name:</td>
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<td>PWS ID:</td>
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<td>System Type:</td>
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<td>Number of Service Connections:</td>
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<td>Surface Water Source:</td>
<td>No</td>
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CONFIRM THE WATER SYSTEM INFORMATION...
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: BURBANK PARKE PWS
Contact NAME: GRIFFITHS HEALTH CARE GROUP

SIGNATURE OF OWNER __________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318939
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318939 0000011200 LFCWS 0000000000
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 BY PRODUCTS PWS
Contact NAME: HOLMES BY-PRODUCTS 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: 1319690
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319690 0000011200 LFCWS 000000000
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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>COUNTRY ACRES CAMPGROUND 1-BOAT HOUSE PW</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6779812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<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>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<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**

---

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. **SIGN...**
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   - 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:** COUNTRY ACRES CAMPGROUND 1-BOAT HOUSE PW

**PWS ID:** OH6779812

**Contact NAME:** COUNTRY ACRES 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>
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<tr>
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<tr>
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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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DETACH THIS 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 CHEESE CO. PWS
Contact NAME: HOLMES CHEESE 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: 1319691
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319691 0000011200 LFCWS 0000000000
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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: HOLMES COUNTY GARAGE
Contact NAME: HOLMES COUNTY ENGINEERS OFFICE

SIGNATURE OF OWNER _______________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319692
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID:** 1318940

- 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>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name</td>
<td>BURGER KING 373-HARTVILLE</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH7665312</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. | 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**SIGN...**

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

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**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...**

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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:** BURGER KING 373-HARTVILLE  
**PWS ID:** OH7665312  
**Contact NAME:** CARROLS LLC/BK #373

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
<tr>
<td>Transaction ID:</td>
<td></td>
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  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.

COUNTRY ACRES CAMPGROUND
9850 MINYOUNG RD
RAVENNA, OH 44266

WATER SYSTEM INFORMATION
Name: COUNTRY ACRES CAMPGROUND 2- SHOWER HOUSE
PWS ID: OH6779912
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

Attach 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.

PWS NAME: COUNTRY ACRES CAMPGROUND 2- SHOWER HOUSE
Contact NAME: COUNTRY ACRES 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: 1319189
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319189 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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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: HOLMES COUNTY JAIL
Contact NAME: HOLMES COUNTY COMMISSIONERS

SIGNATURE OF OWNER _______________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319693
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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: HOLMES COUNTY TRAINING CENTER
Contact NAME: HOLMES COUNTY BD OF DEVELOPMENTAL DIS

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date:     | 12/31/2019 |
| Revenue ID:   | 1319694    |
| Amount Due:   | $112.00    |
| Type Code:    | LFCWS      |

---

**WATER SYSTEM INFORMATION**

| Name:          | HOLMES COUNTY TRAINING CENTER |
| PWS ID:        | OH3833312                     |
| System Type:   | NONCOMMUNITY NONTRANSIENT     |
| Population Served: | 140                           |
| 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>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach 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>
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COUNTRY ACRES CAMPGROUND
9850 MINYOUNG RD
RAVENNA, OH 44266

WATER SYSTEM INFORMATION
Name: COUNTRY ACRES CAMPGROUND 3- POOL HOUSE P
PWS ID: OH6780012
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.

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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 ACRES CAMPGROUND 3- POOL HOUSE P
Contact NAME: COUNTRY ACRES CAMPGROUND

SIGNATURE OF OWNER ___________________________ DATE ______________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319190
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319190 0000011200 LFCWS 000000000 3
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HOLMES COUNTY TRAINING CENTER 2 PWS
Contact NAME: HOLMES COUNTY BD OF DEVELOPMENTAL DIS

SIGNATURE OF OWNER ___________________________ DATE __________

Due Date: 12/31/2019
Revenue ID: 1319695
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

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
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BURGER KING
ATTN: JASMINE MITCHELL
1938 N WOODLAWN STE 110
WICHITA, KS 67208

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
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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>
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FEES FOR YEAR 2020

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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BURGER KING-12088 CHESTERLAND
Contact NAME: BURGER KING

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318941
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318941 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

COUNTRY ACRES CAMPGROUND
9850 MINYOUNG RD
RAVENNA, OH 44266

WATER SYSTEM INFORMATION
Name: COUNTRY ACRES CAMPGROUND 4- SOUTH SIDE P
PWS ID: OH6780112
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Description</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:</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: COUNTRY ACRES CAMPGROUND 4- SOUTH SIDE P
Contact NAME: COUNTRY ACRES 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: 1319191
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319191 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 AND BUILDING
Contact NAME: HOLMES LUMBER AND BUILDING 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.

Payable to:
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319697
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319697 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

PAY FEES...

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

- 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)
WATER SYSTEM INFORMATION

Name: COUNTRY CLUB OF HUDSON-1/2 PWS
PWS ID: OH7733212
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.

SIGNATURE OF OWNER ___________________________ DATE __________________________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319192
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.

HOLMES-WAYNE ELECTRIC COOPERATIVE, IN
6060 STATE RTE 83
MILLERSBURG, OH 44654-0112

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
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<tr>
<td>Name: HOLMES-WAYNE ELECTRIC COOPERATIVE INC PW OH3849512</td>
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<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
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<td></td>
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<tr>
<td>Population Served: 29</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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-WAYNE ELECTRIC COOPERATIVE INC PW
Contact NAME: HOLMES-WAYNE ELECTRIC COOPERATIVE, IN

SIGNATURE OF OWNER ____________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319699
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: HOLMESVILLE BELL STORES
Contact NAME: BELL STORES

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, 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>Type Code: LFCWS</td>
</tr>
</tbody>
</table>

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

WATER SYSTEM INFORMATION

Name: HOLMESVILLE BELL STORES
PWS ID: OH3846112
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.
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

invoice/Revenue ID: 1319193

- 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 CLUB OF HUDSON
2155 MIDDLETON RD
HUDSON, OH 44236

---

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

WATER SYSTEM INFORMATION

| Name: COUNTRY CLUB OF HUDSON-KITCHEN PWS |
| PWS ID: OH7733012 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

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: COUNTRY CLUB OF HUDSON-KITCHEN PWS

Contact NAME: COUNTRY CLUB OF HUDSON

SIGNATURE OF OWNER ___________________________ DATE ________________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319193
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: | COUNTRY CLUB OF HUDSON-PRO/MAI PWS |
| PWS ID: | OH7733112 |
| System Type: | TRANSIENT NONCOMMUNITY |
| Number of Wells: | 1 |
| Surface Water Source: | No |

**FEES FOR YEAR 2020**

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

**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 Northeast District Office - DDAGW at 330-963-1200

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: COUNTRY CLUB OF HUDSON-PRO/MAI PWS
Contact NAME: COUNTRY CLUB OF HUDSON

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319194
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BUSHNELL STORE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0446212</td>
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<tr>
<td>System Type:</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>
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</tr>
<tr>
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</table>

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: 1318943
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318943 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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>COUNTRY CONES</th>
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<tr>
<td>PWS ID:</td>
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<td>System Type</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.

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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.

---

DETACH THIS 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 CONES

Contact NAME: COUNTRY CONES

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, 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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

Due Date: 12/31/2019

Revenue ID: 1319195

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.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HOP TREE BREWING PWS</th>
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<tr>
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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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<th>HOP TREE BREWING PWS</th>
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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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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>
<tr>
<td>Transaction ID:</td>
<td>1319708 0000011200 LFCWS 0000000000 8</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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BEACHCOMBER TAVERN
PWS ID: OH0430712
Contact NAME: BEACHCOMBER 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
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**

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<thead>
<tr>
<th>Name</th>
<th>HOPEWELL INN PWS</th>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH7855112</td>
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<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served</td>
<td>50</td>
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<td>Surface Water Source</td>
<td>No</td>
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**FEES FOR YEAR 2020**

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<th>TOTAL</th>
<th>Pay this amount:</th>
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<tbody>
<tr>
<td></td>
<td>$112.00</td>
</tr>
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</table>

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: HOPEWELL INN PWS  
PWS ID: OH7855112

Contact NAME: HOPEWELL INN

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: | 1319710 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319710 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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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HOSMERS LAKE, INC. PWS
Contact NAME: HOSMERS LAKE, 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: 1319712
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319712 0000011200 LFCWS 000000000 2
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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: HOT LAPS SPORTS BAR, INC.  PWS ID: OH7666012
Contact NAME: HOT LAPS SPORTS BAR, 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: 1319713
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.

<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: SHOOK, CHARLIE</td>
<td>HOUSTON HALL</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7799927</td>
<td></td>
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</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source:</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.

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.
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SIGN...
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  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: HOUSTON HALL PWS ID: OH7799927
Contact NAME: SHOOK, CHARLIE

Pay to: Treasurer, 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: | 1319716 |
| 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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PAY TO: Treasurer, 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: 1318814
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>
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<td>PWS ID:</td>
<td>OH5255212</td>
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<tr>
<td>System Type:</td>
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<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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<tr>
<th>TOTAL</th>
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<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

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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**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: BUZZARD COVE MINI GOLF

Contact NAME: BUZZARD COVE SNACK BAR

---

**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: 1318946

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1318946 0000011200 LFCWS 000000000 2
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COUNTRY LAWN CENTER
10608 NAVARRE ROAD SW
NAVARRE, OH 44662

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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2 SIGN...
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3 PAY FEES...
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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: COUNTRY LAWN CENTER
PWS ID: OH7601412
Contact NAME: COUNTRY LAWN CENTER

Pay to: Treasurer, 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
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SHOOK, CHARLIE
3069 HOUSTON RD
NORTON, OH 44203

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HOUSTON PUB PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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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>Type Code:</td>
<td>LFCWS</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BY-THE-WAY CAFE
PO BOX 96
EAST ROCHESTER, OH 44625

WATER SYSTEM INFORMATION

| Name:       | BY-THE-WAY CAFE PWS |
| PWS ID:     | OH1558712           |
| 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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DETACH THIS 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-THE-WAY CAFE PWS
Contact NAME: BY-THE-WAY CAFE

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: 1318947
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HUBBELL POWER SYSTEMS/OHIO BRASS
Contact NAME: HUBBELL POWER SYSTEMS/OHIO BRASS

SIGNATURE OF OWNER ___________________________ DATE ____________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319721
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319721 0000011200 LFCWS 00000000 1
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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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 PANTRY INC / MARATHON PWS
Contact NAME: SUNRISE CONVENIENT 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: 1319205
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1319205 0000011200 LFCWS 00000000 6
A 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ANGELS FOR ANIMALS PWS
Contact NAME: ANGELS FOR ANIMALS

SIGNATURE OF OWNER ____________________________ DATE ________________

Pay to: Treasurer, 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
Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318747
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1318747 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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BEAVER CREEK ESTATES
Contact NAME: BEAVER CREEK 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: 1318816
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.

BYLERS COMMUNITY KITCHEN
400 STATE RTE 193
JEFFERSON, OH 44047

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BYLERS COMMUNITY KITCHEN PWS
Contact NAME: BYLERS COMMUNITY KITCHEN

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318948
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318948 0000011200 LFCWS 0000000000 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

GRiffiths Health Care Wooster
3071 N. ELYRIA RD.
WOOSTER, OH 44691

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>COUNTRY POINTE WOOSTER SUB-ACUTE PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8505012</td>
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<tr>
<td>System Type:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

<table>
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<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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: COUNTRY POINTE WOOSTER SUB-ACUTE PWS
Contact NAME: GRiffiths HEALTH CARE WOOSTER

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319206
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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

- **Name:** COUNTRY PORCH WINERY PWS
- **PWS ID:** OH7855812
- **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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<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.

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** COUNTRY PORCH WINERY PWS

**PWS ID:** OH7855812

**Contact NAME:** THE FAMILY PLAN 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

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<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>

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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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

Name: HYPONEX CORPORATION
PWS ID: OH8559212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 40
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.

1. 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: HYPONEX CORPORATION  PWS ID: OH8559212
Contact NAME: HYPONEX 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: 1319731
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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2. 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
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CABANAS ISLAND RESTAURANT
12719 MAYFIELD RD
CHARDON, OH 44024

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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CABANAS ISLAND RESTAURANT
Contact NAME: CABANAS ISLAND RESTAURANT

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: 1318950
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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COUNTRYSIDE CAMPGROUND
2687 SR 43
MOGADORE, OH 44260

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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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: COUNTRYSIDE CAMPGROUND
Contact NAME: COUNTRYSIDE CAMPGROUND

SIGNATURE OF OWNER __________________________ DATE ________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319210
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

---

TOTAL

Pay this amount: $112.00

WATER SYSTEM INFORMATION
Name: COUNTRYSIDE CAMPGROUND
PWS ID: OH6749412
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.
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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: COUNTRYSIDE CAMPGROUND
Contact NAME: COUNTRYSIDE CAMPGROUND

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: 1319210
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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: COUNTY LINE
Contact NAME: KINZEL, MELODIE

SIGNATURE OF OWNER __________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319211
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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---

**COUNTY LINE BAR & GRILL**

4 STATE RTE 44

HARTVILLE, OH 44632

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>COUNTY LINE BAR AND GRILL</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
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<tr>
<td>Surface Water Source:</td>
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</table>

### FEES FOR YEAR 2020

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

$112.00

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### 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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2. **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/

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:** COUNTY LINE BAR AND GRILL

**PWS ID:** OH6730812

**Contact NAME:** COUNTY LINE BAR & GRILL

---

**SIGNATURE OF OWNER**

---

**DATE**

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DOUG OUT
Contact NAME: DOUG OUT

SIGNATURE OF OWNER __________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319349
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.

KINSEYS KORNER RESTAURANT
C/O AL KINSEY
PO BOX 30
ATWATER, OH 44201

WATER SYSTEM INFORMATION
Name: KINSEY KORNER
PWS ID: OH6780812
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KINSEY KORNER
Contact NAME: KINSEYS KORNER 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: 1319833
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319833 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.

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.

ANNS CHILD CARE CENTER
5188 CHILlicoTHE ROAD
SOUTH RUSSELL, OH 44022

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: ANNS CHILD CARE CENTER
Contact NAME: ANNS 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: 1318751
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>UNIVERSITY HOSPITALS MEDICAL BUILDING 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876937</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></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>

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:** UNIVERSITY HOSPITALS MEDICAL BUILDING 2

**PWS ID:** OH2876937

**Contact NAME:** UH GEAUGA MEDICAL OFFICES

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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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<tr>
<td>Revenue ID</td>
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<tr>
<td>Amount Due</td>
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<tr>
<td>Type Code</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID</td>
<td>1320923 0000011200 LFCWS 00000000 5</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SCOTT PROCESS SYSTEMS INC PLANT 1 PWS
Contact NAME: SPSI

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320575
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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1 CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

CONFIRM THE WATER SYSTEM INFORMATION

SCRANTON WOODS
OH2803712
COMMUNITY

Number of Service Connections: 38
Surface Water Source: No

Pay this amount: $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

Due Date: 12/31/2019
Revenue ID: 1320576
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.**

---

**KELLER, BRIAN**
1435 ST RT 43
MOGADORE, OH 44260

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOUBLE D PLAZA PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6789713</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**

<table>
<thead>
<tr>
<th>Paid 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>
<th>$112.00</th>
</tr>
</thead>
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<td></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

---

**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:** DOUBLE D PLAZA PWS  
**PWS ID:** OH6789713  
**Contact NAME:** KELLER, BRIAN

**SIGNATURE OF OWNER**

**DATE**

---

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019  
**Revenue ID:** 1319348  
**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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SEASONS REHAB AND CARE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7704812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2</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>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>
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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>
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</tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** SEASONS REHAB AND CARE CENTER  
**PWS ID:** OH7704812

**Contact NAME:** SEASONS REHAB AND 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Revenue ID:</td>
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<td>Amount Due:</td>
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</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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SEVAKEEN COUNTRY CLUB
Contact NAME: SEVAKEEN 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

Pay this amount: $112.00

Due Date: 12/31/2019
Revenue ID: 1320582
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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGNATURE OF OWNER ______________________ DATE __________

Pay to: Treasurer, 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: 1319020
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1319020 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.

**WATER SYSTEM INFORMATION**

Name: KING'S MOTEL - WEST  
PWS ID: OH5055014  
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.

**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 Northeast District Office - DDAGW at 330-963-1200

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
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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: KING'S MOTEL - WEST  
PWS ID: OH5055014  
Contact NAME: KINGS MOTEL

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1319832  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SEVEN HILLS GOLF</th>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: SEVEN HILLS GOLF
Contact NAME: SEVEN HILLS 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: | 1320583 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

---

1320583 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name:</th>
<th>SEVEN RANGES SCOUT RESERVATION</th>
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**FEES FOR YEAR 2020**

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<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. CONFIRM THE WATER SYSTEM INFORMATION...
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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: SEVEN RANGES SCOUT RESERVATION

Contact NAME: SEVEN RANGES SCOUT RESERVATION

SIGNATURE OF OWNER __________________________________________ DATE __________________

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

MEDINA COUNTY PARK DISTRICT
6364 DEERVIEW LN
MEDINA, OH 44256

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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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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<th>WATER SYSTEM INFORMATION</th>
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<td>PWS ID: OH5260612</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</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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FEES FOR YEAR 2020

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MEDINA COUNTY PARKS - BUFFALO CREEK     PWS ID: OH5260612
Contact NAME: MEDINA COUNTY PARK DISTRICT

SIGNATURE OF OWNER ______________________________________ DATE ______________

Due Date: 12/31/2019
Revenue ID: 1320019
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SHADY KNOLL MHP
202 EAST SUMMIT STREET
KENT, OH 44240

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

PWS NAME: SHADY KNOLL MHP
Contact NAME: SHADY KNOLL MHP

SIGNATURE OF OWNER ________________________ DATE ____________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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SHAKERS BACKYARD BAR GRILLE
8942 YOUNGSTOWN-PITTSBURGH ROAD
YOUNGSTOWN, OH 44514

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: SHAKERS BACKYARD BAR AND GRILLE
PWS ID: OH5040112
Contact NAME: SHAKERS BACKYARD BAR GRILLE

SIGNATURE OF OWNER ______________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320590
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320590 0000011200 LFCWS 00000000 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
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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS
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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.
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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:** DORSET CONVENIENCE STORE PWS

**PWS ID:** OH0446312

**Contact NAME:** DORSET CONVENIENCE STORE

---

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

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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

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<td>Surface Water Source: No</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: BELL WICK BOWL
Contact NAME: BELLWICK BOWLING LANES

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, 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

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1318830 0000011200 LFCWS 0000000000 1
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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)
WATER SYSTEM INFORMATION
Name: WARSTLER BROTHERS LANDSCAPING INC PWS
PWS ID: OH7674712
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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RETURN APPLICATION PROMPTLY...

RETURN APPLICATION PROMPTLY...

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

Due Date: 12/31/2019
Revenue ID: 1320988
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320988 0000011200 LFCWS 00000000 7
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SHARON JAMES CELLARS
11303 KINSMAN RD
NEWBURY, OH 44065

WATER SYSTEM INFORMATION

Name: SHARON JAMES CELLARS
PWS ID: OH2870412
System Type : TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: SHARON JAMES CELLARS
Contact NAME: SHARON JAMES CELLARS

SIGNATURE OF OWNER ____________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1320592
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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
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**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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**WATER SYSTEM INFORMATION**

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**SIGN**

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**PAY FEES**

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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: SHELL-CHESTERLAND

Contact NAME: TRUE NORTH MANAGEMENT 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: | 1320599 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

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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/

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: DON-EL MOTEL
Contact NAME: DON-EL MOTEL

SIGNATURE OF OWNER _______________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319344
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. PAY FEES...
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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: SHEOGA HARDWOOD FLOORING PWS
Contact NAME: SHEOGA HARDWOOD FLOORING

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320600
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320600 0000011200 LFCWS 00000000 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.

SHERRODSVILLE LIONS CLUB
PO BOX 212
SHERRODSVILLE, OH 44675

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SHERRODSVILLE LIONS CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1040012</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>No</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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**SIGN...**

**IMPORTANT**

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:** SHERRODSVILLE LIONS CLUB

**Contact NAME:** SHERRODSVILLE LIONS 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: 1320602
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320602 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.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ARNIES WEST BRANCH STEAK</th>
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<tr>
<td>PWS ID:</td>
<td>OH6765612</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>
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<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

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

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

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

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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:** ARNIES WEST BRANCH STEAK

**PWS ID:** OH6765612

**Contact NAME:** ARNIES WEST BRANCH STEAK HOUSE

---

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1318764
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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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: WINONA UNITED METHODIST CHURCH PWS</th>
<th>PWS ID: OH1566519</th>
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<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>System ID: OH1566519</td>
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<tr>
<td>Number of Wells: 1</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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<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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<td>Pay this amount: <strong>$112.00</strong></td>
</tr>
</tbody>
</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.

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID**: 1321068 on your check.

**Due Date:** 12/31/2019  
**Revenue ID:** 1321068  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:** (Blank)

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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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: SHILLING MILL TAVERN
Contact NAME: SHILLING MILL 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

Payable to: Treasurer, State of Ohio

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320604 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320604 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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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: SILVER CRICKET PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7769912</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>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: SILVER CRICKET PWS
Contact NAME: RUSTY RAILZ 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: 1320608
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320608 0000011200 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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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ALPINE RESORT</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3839712</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>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
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<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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<td></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.

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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.
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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:** ALPINE RESORT

**PWS ID:** OH3839712

**Contact NAME:** ALPINE 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: | 1318722 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318722 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

LOCALIOUS LLC
ATTN: CRAIG SIRNA
11773 WASHINGTON ST
AUBURN, OH 44023

WATER SYSTEM INFORMATION

Name: SIRNA PIZZA PWS
PWS ID: OH2876941
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320612
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SIX NINETEEN MARATHON</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7798912</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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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

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

**PWS NAME:** SIX NINETEEN MARATHON

**Contact NAME:** PHILLIPS, JP

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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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<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name: A1 TWIN VALLEY CAMPGROUND</td>
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<td>PWS ID: OH1034112</td>
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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>
<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.

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**

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

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

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** A1 TWIN VALLEY CAMPGROUND

**PWS ID:** OH1034112

**Contact NAME:** A1 TWIN 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: | 1318699 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318699 |
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

KINGS MOTEL
6965 MCCARTNEY ROAD
LOWELVILLE, OH 44436

WATER SYSTEM INFORMATION
Name: KING’S MOTEL - EAST
PWS ID: OH5031212
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: KING’S MOTEL - EAST
Contact NAME: KINGS MOTEL

SIGNATURE OF OWNER ______________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319831
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**

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   - 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...**
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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.

---

**PAYEE**

**JIMS OPEN KITCHEN TOO**

**ATTN: ROY SLADKY**

**9086 STATE RTE 14**

**STREETSBORO, OH 44241**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JIMS OPEN KITCHEN TOO PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6763812</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td>No</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
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**FEES FOR YEAR 2020**

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<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>No</td>
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<td>Surface Water Source:</td>
<td>No</td>
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**CONFIRM THE WATER SYSTEM INFORMATION...**

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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**Pay this amount:**

$112.00

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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:** JIMS OPEN KITCHEN TOO PWS

**PWS ID:** OH6763812

**Contact NAME:** JIMS OPEN KITCHEN TOO

**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: | 1319790 |
| Amount Due: | $112.00 |
| 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.

**J & B CAFE -**
6054 CANTON ROAD
CARROLLTON, OH 44615

---

**WATER SYSTEM INFORMATION**

| Name:        | J AND B CAFE PWS                  |
| PWS ID:      | OH1042412                         |
| 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...**

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- IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 AND B CAFE PWS

**Contact NAME:** J & B CAFE -

**SIGNATURE OF OWNER**

**DATE**

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319760 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319760 00000011200 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.
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---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Iron Pony Saloon**
14641 State Route 3
Lakeville, OH 44638

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Iron Pony Saloon PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3831312</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>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

---

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

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- If this information is incorrect contact Northeast District Office - DDAGW at 330-963-1200

**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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**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: 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.

MAIORANO, BOB
842 YOUNGSTOWN-KINGSVILLE RD NE
VIENNA, OH 44473

WATER SYSTEM INFORMATION
Name: TRUMBULL CO. - BRACEVILLE TWP PWS
PWS ID: OH7806503
System Type: COMMUNITY
Number of Service Connections: 36
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.

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

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IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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DETA CHI THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TRUMBULL CO. - BRACEVILLE TWP PWS
Contact NAME: MAIORANO, BOB

SIGNATURE OF OWNER ___________________________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320891
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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   - 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.

TRI-STATE REALTY/FT ASSOCIATES
12434 CEDAR ROAD, SUITE 14
CLEVELAND HEIGHTS, OH 44106

WATER SYSTEM INFORMATION

Name: TROY HILL GOLF CENTER
PWS ID: OH2866312
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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DETACH THIS STUB AND include WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: TROY HILL GOLF CENTER
PWS ID: OH2866312
Contact NAME: TRI-STATE REALTY/FT ASSOCIATES

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320884
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: SJAA REALTY, LLC PWS</td>
</tr>
<tr>
<td>PWS ID: OH8564717</td>
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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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<td>Surface Water Source: No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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</thead>
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<tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SJAA REALTY, LLC PWS

Contact NAME: SJAA REALTY, LLC

SIGNATURE OF OWNER ________________________ DATE ______________

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

Due Date: 12/31/2019

Revenue ID: 1320615

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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### SKYLAND PINE RUSTIC LODGE
3550 COLUMBUS RD NE
CANTON, OH 44705

#### WATER SYSTEM INFORMATION
- **Name:** SKYLAND PINES RUSTIC LODGE PWS
- **PWS ID:** OH7642512
- **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.

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

**Pay this amount:** $112.00

#### 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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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:** SKYLAND PINES RUSTIC LODGE PWS

**Contact NAME:** SKYLAND PINE RUSTIC LODGE

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.
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<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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</thead>
<tbody>
<tr>
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</tr>
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<td>Amount Due:</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1320616 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.

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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.

2020  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320011

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

MCKAY-GROSS DIVISION
8848 ELY RD
APPLE CREEK, OH 44606

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MCKAY-GROSS DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8538312</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<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

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## IMPORTANT STEPS

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

PWS NAME: MCKAY-GROSS DIVISION
Contact NAME: MCKAY-GROSS DIVISION

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>1320001</td>
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<tr>
<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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1320001 0000001200 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**

| Name:          | SKYPARK AIRPORT CLUBHOUSE PWS |
| PWS ID:        | OH5244412                     |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: SKYPARK AIRPORT CLUBHOUSE PWS   PWS ID: OH5244412

Contact NAME: SKYPARK AIRPORT

SIGNATURE OF OWNER ___________________________   DATE _______________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date:   | 12/31/2019 |
| Revenue ID: | 1320618    |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SKYVIEW LODGE PWS
Contact NAME: SKYVIEW 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: 1320619
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.

MCDONALDS RESTAURANT - CHESTERLAND
8329 MAYFIELD ROAD
CHESTERLAND, OH 44026

WATER SYSTEM INFORMATION
Name: MCDONALDS RESTAURANT - CHESTERLAND PWS
PWS ID: OH2866112
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source:

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

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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 - CHESTERLAND PWS
Contact NAME: MCDONALDS RESTAURANT - CHESTERLAND

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 13200010
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.

---

**DAVES FAMILY TAVERN**

1868 PEARL ROAD
BRUNSWICK, OH 44212

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DAVES FAMILY TAVERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5247212</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** DAVES FAMILY TAVERN

**Contact NAME:** DAVES FAMILY 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:** 1319259

**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.

---

## SLEEPY HOLLOW GOLF CLUB
OWNER
374 HOMEWORTH RD
ALLIANCE, OH 44601

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SLEEPY HOLLOW GOLF CLUB</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1532912</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>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>
</table>

**Pay this amount:**

$112.00

---

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SLEEPY HOLLOW GOLF CLUB
PWS ID: OH1532912
Contact NAME: SLEEPY HOLLOW 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: | 1320622 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

WATER SYSTEM INFORMATION

Name: SMITHS PLEASANT VALLEY PWS
PWS ID: OH3835612
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 2
Surface Water Source: No

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>
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<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: $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: SMITHS PLEASANT VALLEY PWS
Contact NAME: SMITHS PLEASANT VALLEY CAMP

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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</tr>
<tr>
<td>PO BOX 77005</td>
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<tr>
<td>Cleveland, OH 44194-7005</td>
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<td>Transaction ID:</td>
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</table>
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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>MCDERMOTTS LAKEFRONT CAMPGROUND PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6785012</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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**FEES FOR YEAR 2020**

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</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
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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: MCDERMOTTS LAKEFRONT CAMPGROUND PWS
Contact NAME: MCDERMOTTS LAKEFRONT 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: 1320009
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320009 0000001200 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MILLER, GAYLORD
PO BOX 38
BERLIN, OH 44610

<table>
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<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: SOMMERS MARKET</td>
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<tr>
<td>PWS ID: OH7677616</td>
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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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<td>Surface Water Source: No</td>
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</table>

<table>
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<tr>
<th>FEES FOR YEAR 2020</th>
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<tr>
<td>TOTAL</td>
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<td>Pay this amount: $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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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PAY FEES...
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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: SOMMERS MARKET
Contact NAME: MILLER, GAYLORD

SIGNATURE OF OWNER __________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320633
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320633 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.

SONS OF HERMAN
1994 DEERMONT AVE NW
MASSILLON, OH 44647

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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: SONS OF HERMAN
Contact NAME: SONS OF HERMAN

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320636
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320636 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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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---

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

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

PWS NAME: MCAFEE TOOL AND DIE, INC
Contact NAME: MCAFEE TOOL AND DIE, 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: | 1320008 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

TransacƟon ID: 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.

WINDY HILL GOLF-CLUBHOUSE
6231 WEAVER ROAD
CONNEAUT, OH 44030

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WINDY HILL GOLF-CLUBHOUSE
Contact NAME: WINDY HILL GOLF-CLUBHOUSE

SIGNATURE OF OWNER _________________________  DATE _________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321064
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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CROWN POINT ECOLOGY CENTER
ATTN: LORI SCANLON
P.O. BOX 484
BATH, OH 44210

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>CROWN POINT ECOLOGY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH7722012</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>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...
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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CROWN POINT ECOLOGY CENTER
Contact NAME: CROWN POINT ECOLOGY 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: 1319238
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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SOUTH MAIN CENTRE LTD. PARTNERSHIP
7000 S. EDGERTON ROAD
CLEVELAND, OH 44141

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: SOUTH MAIN CENTRE LTD</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7784412</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 50</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.

CONFIRM THE WATER SYSTEM INFORMATION...
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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: SOUTH MAIN CENTRE LTD
Contact NAME: SOUTH MAIN CENTRE LTD. PARTNERSHIP

SIGNATURE OF OWNER __________________________________________________ DATE ____________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320638
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320638 0000011200 LFCWS 0000000000
**SOUTH RUSSELL MEDICAL CENTER**
5192 CHILLICOTHE ROAD, SUITE 101
SOUTH RUSSELL, OH 44022

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SOUTH RUSSELL MEDICAL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2865212</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>
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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>
</tr>
<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.

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** SOUTH RUSSELL MEDICAL CENTER  
**PWS ID:** OH2865212  
**Contact NAME:** SOUTH RUSSELL MEDICAL CENTER

---

**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:** 1320639  
**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.

MAYFIELD SAND RIDGE GOLF CLUB
ATTN: MATTHEW CREECH
12150 MAYFIELD RD
CHARDON, OH 44024

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MAYFIELD SAND RIDGE GOLF CLUB
Contact NAME: MAYFIELD SAND RIDGE GOLF CLUB

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: 1320007
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SOUTHSIDE INVESTMENTS, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8540212</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>43</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>
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<tr>
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<th>TOTAL</th>
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<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.

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

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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: SOUTHSIDE INVESTMENTS, INC.  PWS ID: OH8540212
Contact NAME: SOUTHSIDE INVESTMENTS, 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: 1320645
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320645 0000011200 LFCWS 0000000000 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

- **Name:** SPEE-D FOODS
- **PWS ID:** OH7676412
- **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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</tr>
</thead>
<tbody>
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<td><strong>Pay this amount:</strong></td>
<td><strong>$112.00</strong></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:** SPEE-D-FOODS #29 PWS

**Contact NAME:** SPEE D FOODS

**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.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Due Date:</strong></td>
<td>12/31/2019</td>
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<td><strong>Revenue ID:</strong></td>
<td>1320648</td>
</tr>
<tr>
<td><strong>Amount Due:</strong></td>
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<td>LFCWS</td>
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<tr>
<td><strong>Transaction ID:</strong></td>
<td></td>
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---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MAYFIELD MOBILE HOME PARK</th>
<th>PWS ID: OH7702212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 43</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>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.</td>
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<tr>
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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:** MAYFIELD MOBILE HOME PARK

**Contact NAME:** MAYFIELD MHP- MAYFIELD PARK 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>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1320006</td>
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<td>Amount Due:</td>
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<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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</table>
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WINDY HILL GOLF-CLUBHOUSE
6231 WEAVER ROAD
CONNEAUT, OH 44030

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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WINDY HILL GOLF-CAMP A
Contact NAME: WINDY HILL GOLF-CLUBHOUSE

SIGNATURE OF OWNER __________________________ DATE __________

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Cleveland, OH 44194-7005
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SPEEDWAY, LLC
500 SPEEDWAY DRIVE
ENON, OH 45323

PUBLIC WATER SYSTEM LICENSE NOTICE

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
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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.

SPEEDWAY 3512 PWS
OH2865112
TRANSIENT NONCOMMUNITY

<table>
<thead>
<tr>
<th>Name:</th>
<th>SPEEDWAY 3512 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2865112</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>
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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: SPEEDWAY 3512 PWS
Contact NAME: SPEEDWAY, 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: | 1320649 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

1320649 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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1320651

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SPEEDWAY GAS UNIT 3672 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7799612</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.

**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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** SPEEDWAY GAS UNIT 3672 PWS  
**PWS ID:** OH7799612

**Contact NAME:** SPEEDWAY, 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>
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<th>Due Date:</th>
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<td>Revenue ID:</td>
<td>1320651</td>
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<tr>
<td>Amount Due:</td>
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<td>LFCWS</td>
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1320651 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.

CAMP Y NOAH
815 MOUNT PLEASANT ROAD
CLINTON, OH 44216

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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DETACH THIS 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 Y NOAH-MAIN KYBO PWS
Contact NAME: CAMP Y NOAH

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, 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>
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<td>Ohio EPA</td>
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<tr>
<td>PO BOX 77005</td>
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<tr>
<td>Cleveland, OH 44194-7005</td>
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| Due Date: | 12/31/2019 |
| Revenue ID: | 1319016 |
| 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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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: SPINS BOWL LANES PWS
Contact NAME: SPINS BOWL -

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320652 |
| 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**

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

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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.
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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:</th>
<th>SPREAD EAGLE TAVERN</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1555912</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<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: SPREAD EAGLE TAVERN

Contact NAME: JOHNSON, 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: | 1320658 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320658 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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MAY VALLEY BLDG PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2871612</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>
<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><strong>Pay this amount:</strong></td>
</tr>
<tr>
<td><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 Northeast District Office - DDAGW at 330-963-1200

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: MAY VALLEY BLDG PWS

Contact Name: PETRONZIO 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: 1320003

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.

---

**WINDY HILL GOLF-CLUBHOUSE**  
6231 WEAVER ROAD  
CONNEAUT, OH 44030

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WINDY HILL GOLF - CAMP B</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0445312</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
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<tr>
<td>Surface Water Source:</td>
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</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>
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<tr>
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<th>TOTAL</th>
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<tr>
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<td>Pay this amount: $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.

### 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 Northeast District Office - DDAGW at 330-963-1200

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...**
   - 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:** WINDY HILL GOLF - CAMP B  
**PWS ID:** OH0445312  
**Contact NAME:** WINDY HILL GOLF-CLUBHOUSE

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

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

**Due Date:** 12/31/2019  
**Revenue ID:** 1321062  
**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.
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2. SIGN...
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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.

JILCO INDUSTRIES
PO BOX 12
KIDRON, OH 44636

WATER SYSTEM INFORMATION
Name: JILCO INDUSTRIES/PREFERRED AIRPARTS PWS
PWS ID: OH8563412
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 86
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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319788
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319788 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.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CRANSTON'S PUB</th>
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<tr>
<td>PWS ID:</td>
<td>OH8557212</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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2. **SIGN...**
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4. **RETURN APPLICATION PROMPTLY...**
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**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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: | 1319223 |
| 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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SPRING VALLEY GOLF COURSE
5851 BREEZEHILL ROAD SW
EAST SPARTA, OH 44626

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
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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: SPRING VALLEY GOLF COURSE
Contact NAME: SPRING VALLEY 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: 1320660
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320660 0000011200 LFCWS 0000000000 2
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<tbody>
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<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells: 1</td>
<td></td>
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<td>Surface Water Source: No</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: SPRINGHILLS GOLF CLUB
Contact NAME: SPRING HILLS 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.

Due Date: 12/31/2019
Revenue ID: 1320663
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MAURER FARMS AMLC PUBLIC WATER SYSTEM PWS ID: OH8560412
Contact NAME: MAURER FARMS AMLC - WOOSTER

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320002
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>SPRINGWATER GARDENS CONDOMINIUMS PWS</th>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH7677628</td>
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<tr>
<td>System Type</td>
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<tr>
<td>Number of Service Connections</td>
<td>32</td>
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<td>Surface Water Source</td>
<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
<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></td>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: SPRINGWATER GARDENS CONDOMINIUMS PWS  
PWS ID: OH7677628  
Contact NAME: REYNOLDS, DEATRA

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
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<tr>
<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.

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>SPUDS CORNER PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7648312</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.

<table>
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<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.

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:** SPUDS CORNER PWS  
**PWS ID:** OH7648312  
**Contact NAME:** SPUDS 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: | 1320666 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320666 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**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>MASTROPIETRO WINERY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5054012</td>
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<tr>
<td>System Type:</td>
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<td>No</td>
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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: MASTROPIETRO WINERY PWS

Contact NAME: MASTROPIETRO 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: 1320000

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.

SMITH, DAN
8 N. STATE ST., SUITE 420
PAINESVILLE, OH 44077

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
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4. RETURN APPLICATION PROMPTLY...
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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: WINDRUSH HOLLOW-CONCESSION
Contact NAME: SMITH, DAN
PWS ID: OH2865512

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, 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: 1321061
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.

CHITIBOMMA, SRIMVASA
3690 CLEVELAND AVE SW
CANTON, OH 44707

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SREE GANGA LLC - VALERO CANTON
Contact NAME: CHITIBOMMA, SRIMVASA

SIGNATURE OF OWNER __________________________ DATE __________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320667
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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>ST. BERNARD GOLF CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7755612</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</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>
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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...**
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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: ST. BERNARD GOLF CLUB

Contact NAME: ST. BERNARD 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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<th>Due Date:</th>
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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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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...
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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...
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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 STORE 16096 - HANOVERTON
Contact NAME: DOLLAR GENERAL CORP

SIGNATURE OF OWNER __________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
Due Date: 12/31/2019
Revenue ID: 1319338
Amount Due: $112.00
Type Code: LFCWS

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

1319338 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ST. DENIS GOLF COURSE
10660 CHARDON ROAD
CHARDON, OH 44024

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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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---

DETA CHOOSE 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. DENIS GOLF COURSE
Contact NAME: ST. DENIS 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: 1320674
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ST LUKE LUTHERAN COMM - PORTAGE LAKE
615 LATHAM LANE
AKRON, OH 44319

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name: ST. LUKE LUTHERAN COMMUNITY - PORTAGE LA | PWS ID: OH7708812 |
| System Type: COMMUNITY |
| Number of Service Connections: 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: | TOTAL |
| $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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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DETACH THIS 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. LUKE LUTHERAN COMMUNITY - PORTAGE LA
Contact NAME: ST LUKE LUTHERAN COMM - PORTAGE LA

SIGNATURE OF OWNER ______________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1320675
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.

CAMP Y NOAH
815 MOUNT PLEASANT ROAD
CLINTON, OH 44216

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CAMP Y NOAH-LDC PWS
Contact NAME: CAMP Y NOAH

SIGNATURE OF OWNER ___________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319015
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.

DAVES DINER
349 DEER HAVEN DRIVE
CARROLLTON, OH 44615

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: DAVES DINER PWS
PWS ID: OH1032712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: DAVES DINER PWS
Contact NAME: DAVES DINER

SIGNATURE OF OWNER __________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319258
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319258 0000011200 LFCWS 000000000 2
CROWN HILL MANOR
9652 AKRON RD
RITTMAN, OH 44270

WATER SYSTEM INFORMATION

Name: CROWN HILL MANOR PWS
PWS ID: OH8561412
System Type: COMMUNITY
Number of Service Connections: 18
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</th>
<th>CROWN HILL MANOR PWS</th>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH8561412</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections</td>
<td>18</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CROWN HILL MANOR PWS
Contact NAME: CROWN HILL MANOR

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319237
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319237 0000011200 LFCWS 000000000 8
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.

STAHL/SCOTT FETZER CO
3201 W OLD LINCOLN WAY
WOOSTER, OH 44691

WATER SYSTEM INFORMATION

Name: STAHL, A SCOTT FETZER CO
PWS ID: OH8547712
System Type : NONCOMMUNITY NONTRANSIENT
Population Served: 85
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: STAHL, A SCOTT FETZER CO
Contact NAME: STAHL/SCOTT FETZER 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: 1320676
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
STATE LINE TAVERN
P.O. BOX 67
EAST PALESTINE, OH 44413

WATER SYSTEM INFORMATION

Name: STATE LINE TAVERN
PWS ID: OH1564012
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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PAY FEES...
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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: STATE LINE TAVERN
Contact NAME: STATE LINE 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: 1320679
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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: MARYANNS PERRY POST RESTAURANT
Contact NAME: MARYANNS PERRY POST 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: 1319998
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319998 0000011200 LFCWS 00000000 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.

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>STERLING FARM EQUIPMENT</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8548212</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...**

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IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 PWS: Public Water System License to Operate (LFCWS)

PWS NAME: STERLING FARM EQUIPMENT

Contact NAME: STERLING 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: | 1320681 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320681 0000011200 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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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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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

Name: PATEL, KEN
PWS ID: OH7724112
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.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</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.

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: STEVES MOTEL PWS
Contact NAME: PATEL, KEN

SIGNATURE OF OWNER __________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1320682
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

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
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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**WATER SYSTEM INFORMATION**

- **Name:** DOLLAR GENERAL NO 6748 PLAZA PWS
- **PWS ID:** OH6788112
- **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><strong>Pay this amount:</strong></td>
<td><strong>$112.00</strong></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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**PAY FEES...**

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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:** DOLLAR GENERAL NO 6748 PLAZA PWS

**PWS ID:** OH6788112

**Contact NAME:** COCCA DEVELOPMENT 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

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<table>
<thead>
<tr>
<th>Due Date:</th>
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<tr>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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</tbody>
</table>
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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---

**SMITH, DAN**
8 N. STATE ST., SUITE 420
PAINESVILLE, OH 44077

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WINDRUSH HOLLOW-CAMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2851912</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>
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<tr>
<th>TOTAL</th>
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<tr>
<td>Pay this amount:</td>
</tr>
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</table>

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**CONFIRM THE WATER SYSTEM INFORMATION**

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

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**PAY FEES**

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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:** WINDRUSH HOLLOW-CAMP

**Contact NAME:** SMITH, DAN

**SIGNATURE OF OWNER**

**DATE**

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321060 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321060 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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---

**STEWART LODGE**
PO BOX 520
7774 WARNER RD
MADISON, OH 44057

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>STEWART LODGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4302212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2020**

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| Pay this amount: | $112.00 |

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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.
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2. **SIGN...**
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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:** STEWART LODGE  
**PWS ID:** OH4302212  
**Contact NAME:** STEWART 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: | 1320683 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320683 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: STO-KENT FAMILY ENTERTAINMENT PWS
Contact NAME: STO-KENT FAMILY ENTERTAINMENT

SIGNATURE OF OWNER ______________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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SIGN...
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RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

SAVE THIS 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 Y NOAH-DINING HALL
Contact NAME: CAMP Y NOAH

SIGNATURE OF OWNER _________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319014
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319014 0000011200 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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CONFIRM THE WATER SYSTEM INFORMATION...
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: STOCK EQUIPMENT COMPANY
Contact NAME: COOLEY, JEFF

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: 1320694
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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STOCKERS ON THE PARK
P.O. BOX 189
THOMPSON, OH 44086

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: STOCKERS ON THE PARK
Contact NAME: STOCKERS ON THE PARK

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
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<tbody>
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<td>Name: STOCKERS ON THE PARK</td>
<td>Pay this amount: $112.00</td>
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<tr>
<td>PWS ID: OH2835012</td>
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<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
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<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>
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</tr>
<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>
<td></td>
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Due Date: 12/31/2019
Revenue ID: 1320695
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

WATER SYSTEM INFORMATION

Name: MARLBORO MFG INC
PWS ID: OH7638512
System Type : NONCOMMUNITY NONTRANSIENT
Population Served: 65
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MARLBORO MFG INC
Contact NAME: MARLBORO MANUFACTURING, 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: 1319995
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319995 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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2. 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/

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: WINDMILL LAKES
Contact NAME: WINDMILL LAKES

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321059 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321059 0000011200 LFCWS 0000000000 9 |
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WALNUT CREEK PLANING
5778 STATE RTE 515
MILLERSBURG, OH 44654

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: WALNUT CREEK PLANING PWS
Contact NAME: WALNUT CREEK PLANING

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: UNIVERSITY HEALTH CENTER AT CHESTER PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2873112</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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</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
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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.

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

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

PWS NAME: UNIVERSITY HEALTH CENTER AT CHESTER PWS

Contact NAME: CALLOWAY, AIKIA

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: 1320922
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TURKEYFOOT LAKES GOLF
294 WEST TURKEYFOOT LAKE ROAD
AKRON, OH 44319

WATER SYSTEM INFORMATION
Name: TURKEYFOOT LAKES GOLF-MAINTENANCE
PWS ID: OH7770512
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: TURKEYFOOT LAKES GOLF-MAINTENANCE
Contact NAME: TURKEYFOOT LAKES 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: 1320901
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320901 0000011200 LFCWS 000000000 1
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320697

- 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

EL DORADO STONE
8300 COUNTY ROAD 189
HOLMESVILLE, OH 44633

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>STONECRAFT INDUSTRIES</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3850812</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>60</td>
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<tr>
<td>Surface Water Source:</td>
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</tbody>
</table>

FEES FOR YEAR 2020

<table>
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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: STONECRAFT INDUSTRIES
Contact NAME: EL DORADO STONE

SIGNATURE OF OWNER ___________________________ DATE ______________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320697
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1320697 0000011200 LFCWS 000000000 9
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STONY GLEN CAMP-A-FRAME
5300 W. LOVELAND ROAD
MADISON, OH 44057

WATER SYSTEM INFORMATION

Name: STONY GLEN CAMP-A-FRAME
PWS ID: OH4341112
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: STONY GLEN CAMP-A-FRAME
Contact NAME: STONY GLEN CAMP-A-FRAME

SIGNATURE OF OWNER __________________________ DATE ______________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320698
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Type Code: LFCWS
Transaction ID:
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### PUBLIC WATER SYSTEM LICENSE NOTICE

**Invoice/Revenue ID:** 1319335

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**REAL POWER INVESTMENTS LLC**  
117 N JEFFERSON SUITE 301  
CHICAGO, IL 60661

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<table>
<thead>
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<th>WATER SYSTEM INFORMATION</th>
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<td>Name: DOLLAR GENERAL NO 11731</td>
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<td>Number of Wells: 1</td>
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**FEES FOR YEAR 2020**

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**Pay this amount:** $112.00

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

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> IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 NO 11731  
**PWS ID:** OH6788712

**Contact NAME:** REAL POWER 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.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<th>Due Date: 12/31/2019</th>
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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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: STREETSBORO KOA
Contact NAME: STREETSBORO KOA

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320702
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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

Name: STYX HILL CROSSING

PWS ID: OH5260912

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.

**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: STYX HILL CROSSING

Contact NAME: KPMM 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: 1320706
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.

---

**MARATHON PETROLEUM CO-CANTON TRUCK**
539 SOUTH MAIN ST
FINDLAY, OH 45840

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MARATHON PETROLEUM COMPANY-CANTON TRUCK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7677624</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>62</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</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...**
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**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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

**PAY FEES...**
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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: MARATHON PETROLEUM COMPANY-CANTON TRUCK

PWS ID: OH7677624

Contact NAME: MARATHON PETROLEUM COMPANY-CANTON TRUCK

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319990
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.

**KIDS AHEAD LEARNING CENTER**
726 SOUTH CLEVELAND AVE.
MOGADORE, OH 44260

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Information</th>
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<tr>
<td>Name</td>
<td>KIDS AHEAD LEARNING CENTER-WEST</td>
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<tr>
<td>PWS ID</td>
<td>OH7725212</td>
</tr>
<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served</td>
<td>120</td>
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<tr>
<td>Surface Water Source</td>
<td>No</td>
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</table>

**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.

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
   - 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:** KIDS AHEAD LEARNING CENTER-WEST

**Contact NAME:** KIDS AHEAD LEARNING CENTER

**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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</table>
**PUBLIC WATER SYSTEM LICENSE NOTICE**

**SUBWAY-RANDOLPH**
PO BOX 44
PO BOX 441
RANOLPH, OH 44265

**WATER SYSTEM INFORMATION**

<table>
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<tr>
<th>Name:</th>
<th>SUBWAY-RANDOLPH PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH6789712</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>
<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.

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IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** SUBWAY-RANDOLPH PWS
**PWS ID:** OH6789712
**Contact NAME:** SUBWAY-RANDOLPH

**SIGNATURE OF OWNER ________________________________ DATE ________________________________**

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on 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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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SUFFIELD SPRINGS GOLF CLUB
2123 CONGRESS LAKE ROAD
MOGADORE, OH 44260

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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...
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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: SUFFIELD SPRINGS GOLF  PWS ID: OH6776412
Contact NAME: SUFFIELD SPRINGS GOLF CLUB

SIGNATURE OF OWNER

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: 1320710
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Invoice/Revenue ID: 1320710
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PETRONZIO, MIKE
12468 KINSMAN RD
BURTON, OH 44021

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

<table>
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<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: PETRONZIO, MIKE</td>
<td>PWS ID: OH2855312</td>
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<tr>
<td>PWS NAME: MARATHON MINI-MART-NEWBURY</td>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<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>

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.
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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)

**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.

<table>
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<th>Revenue ID:</th>
<th>Amount Due:</th>
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<tbody>
<tr>
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<td>$112.00</td>
</tr>
</tbody>
</table>

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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COUNTY OF SUMMIT, OHIO
PHYSICAL PLANTS DEPARTMENT
1180 S MAIN ST, SUITE 219
AKRON, OH 44301

WATER SYSTEM INFORMATION
Name: SUMMIT COUNTY SHERIFFS TRAINING FACILITY
PWS ID: OH7726912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SUMMIT COUNTY SHERIFFS TRAINING FACILITY
Contact NAME: COUNTY OF SUMMIT, 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: 1320714
Amount Due: $112.00
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.**

---

**SUMMITVILLE TILES, INC.**

1310 ALLIANCE RD., NW
PO BOX 283
MINERVA, OH 44657

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUMMITVILLE TILES, INC.</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1039112</td>
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<tr>
<td>System Type:</td>
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<tr>
<td>Population Served:</td>
<td>125</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
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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>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<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.

**IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

---

**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/

---

**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:** SUMMITVILLE TILES, INC.  
**PWS ID:** OH1039112

**Contact NAME:** SUMMITVILLE TILES, INC.

---

**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: | 1320715 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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**1320715 0000011200 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.

NEWBURY CENTER DG, LLC
ATTN: MARK BUSH
361 SUMMIT BLVD, STE 110
BIRMINGHAM, AL 35243

WATER SYSTEM INFORMATION

| Name: DOLLAR GENERAL 20438 - NEWBURY (KINSMAN) |
| PWS ID: OH2876942 |
| System Type: TRANSIENT NONCOMMUNITY |
| Number of Wells: 1 |
| Surface Water Source: No |

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DOLLAR GENERAL 20438 - NEWBURY (KINSMAN)  PWS ID: OH2876942
Contact NAME: NEWBURY CENTER DG, 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: 1319333 |
| 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.

---

**WILS GRILLE & PUB**  
OWNER  
1644 WEST TURKEYFOOT LAKE ROAD  
BARBERTON, OH 44203

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WILS GRILLE AND PUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7731212</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**

| 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.

---

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

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IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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  TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
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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: WILS GRILLE AND PUB  
Contact NAME: WILS GRILLE & 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.

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

72458197 00000011200 LFCWS 0000000000 1

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

**Revenue ID:** 1321057

**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.**

---

### Wally World Resorts Inc
16121 County Road 23
Loudonville, OH 44842

#### Water System Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Wally World Resorts Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3838012</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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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:** Wally World Resorts Inc

**PWS ID:** OH3838012

**Contact NAME:** Wally World Resorts 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: | 1320977 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Transaction ID: 1320977 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.

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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.
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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>DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.</th>
</tr>
</thead>
</table>

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SUN VALLEY BANQUET AND PARTY CENTER PWS
Contact NAME: SUN VALLEY BANQUET AND PARTY CENTER

SIGNATURE OF OWNER __________________________ DATE __________________

Due Date: 12/31/2019
Revenue ID: 1320716
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320716 00000011200 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUNDANCE SALOON PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5253812</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></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay this amount: $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.

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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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**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:** SUNDANCE SALOON PWS  
**PWS ID:** OH5253812  
**Contact NAME:** SUNDANCE 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  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320717 |
| 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.

YOPS TIME-OUT GRILL
11095 CHARDON ROAD (STATE ROUTE 6)
CHARDON, OH 44024

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: MAPLE CITY TAPS & EATERY
PWS ID: OH2848712
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MAPLE CITY TAPS & EATERY
Contact NAME: YOPS TIME-OUT GRILL

SIGNATURE OF OWNER ____________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319987
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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: SUNNY HILLS GOLF AND RECREATION</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6754612</td>
<td></td>
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<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>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SUNNY HILLS GOLF AND RECREATION PWS ID: OH6754612
Contact NAME: SUNNY HILL GOLF & RECREATION, 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: 1320718
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0000000000
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: SWEET HENRIES PWS
Contact NAME: SWEET HENRIES

SIGNATURE OF OWNER __________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320729 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ELLIOTT, KRISTIN
ATTN: KRISTIN ELLIOTT
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

WATER SYSTEM INFORMATION
Name: DOLLAR GENERAL 20279 SUFFIELD MOGADORE
PWS ID: OH6789721
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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Important
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: DOLLAR GENERAL 20279 SUFFIELD MOGADORE
Contact NAME: ELLIOTT, KRISTIN

SIGNATURE OF OWNER _________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319332
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319332 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

KIDS ACADEMY OF COLEY
3745 COLEY ROAD
COPEY, OH 44321

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: SWIFT MART INC.  
PWS ID: OH1560012

Contact NAME: ALKARAIN, TAHA

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320731
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320731 0000011200 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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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Name: TADMOR TEMPLE</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7724712</td>
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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>
<tr>
<td>Surface Water Source: No</td>
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- 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:** TADMOR TEMPLE

**Contact NAME:** TADMOR TEMPLE

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

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

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

Due Date: 12/31/2019

Revenue ID: 1320741

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.

MANTUA TOWNSHIP TRUSTEES
3898 WINCHELL
MANTUA, OH 44225

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MANTUA TOWNSHIP CIVIC CENTER
Contact NAME: MANTUA TOWNSHIP TRUSTEES

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319986
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319986 0000011200 LFCWS 000000000 1
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1320748

- **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.**

---

**TAMER WIN GOLF COURSE**
3020 NILES-CORTLAND ROAD, N.E.
CORTLAND, OH 44410

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: TAMER WIN GOLF COURSE</th>
<th>PWS ID: OH7842612</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System Type:</strong> TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Wells:</strong> 1</td>
<td></td>
</tr>
<tr>
<td><strong>Surface Water Source:</strong> No</td>
<td></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. |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** TAMER WIN GOLF COURSE  
**PWS ID:** OH7842612  
**Contact NAME:** TAMER WIN 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>
<thead>
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<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1320748</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>1320748 0000011200 LFCWS 000000000 8</td>
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</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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TANNENHAUF GOLF CLUB-CLUBHOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7667812</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></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** TANNENHAUF GOLF CLUB-CLUBHOUSE  
**PWS ID:** OH7667812  
**Contact NAME:** TANNENHAUF GOLF CLUB CLUBHOUSE

**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:** 1320751  
**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>DOLLAR GENERAL 19942 - WILLIAMSFIELD PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0447016</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** DOLLAR GENERAL 19942 - WILLIAMSFIELD PWS

**PWS ID:** OH0447016

**Contact NAME:** ELLIOTT, KRISTIN

**SIGNATURE OF OWNER** 

DATE ________________

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

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

Due Date: 12/31/2019

Revenue ID: 1319331

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.

WILLOWDALE LAKE COUNTRY CLUB
610 WILLOWDALE LAKE DRIVE, NW
NORTH CANTON, OH 44720

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: WILLOWDALE LAKE COUNTRY CLUB
PWS ID: OH7651512
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Name: WILLOWDALE LAKE COUNTRY CLUB</th>
<th>PWS ID: OH7651512</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>Fee owed for 2020:</td>
</tr>
</tbody>
</table>

TOTAL

Pay this amount: $112.00

ATTACHMENT

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WILLOWDALE LAKE COUNTRY CLUB
Contact NAME: WILLOWDALE LAKE 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: 1321056
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WALBORN RESERVOIR MARINA
Contact NAME: STARK CO. 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: 1320972
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: UNIVERSAL POLYMER-PLANT1
Contact NAME: UNIVERSAL POLYMER AND RUBBER, 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: 1320921
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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2. SIGN...
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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.

---

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

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

**PWS NAME:** TARKETT SOUTH
**PWS ID:** OH2840212
**Contact NAME:** TARKETT USA

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
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<td>Name: TARKETT SOUTH</td>
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</tr>
<tr>
<td>PWS ID: OH2840212</td>
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<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served: 100</td>
<td></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

---

Due Date: 12/31/2019
Revenue ID: 1320752
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

TAYLORS PUB
5131 STATE ROUTE 322
WINDSOR, OH 44099

WATER SYSTEM INFORMATION
Name: TAYLORS PUB
PWS ID: OH0442812
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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SIGNATURE OF OWNER ___________________________ DATE ___________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320757
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.

| MANCHESTER TAVERN | 4773 PROVENS DR | AKRON, OH 44319 |

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MANCHESTER TAVERN PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7762612</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.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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.

Due Date: 12/31/2019
Revenue ID: 1319983
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319983 0000011200 LFCWS 000000000 4

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: MANCHESTER TAVERN PWS
Contact NAME: MANCHESTER TAVERN

**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
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**

**TEAGUE BROTHERS SHOPPING CENTER**

10812 KINSMAN RD

P.O. BOX 380

NEWBURY, OH 44065-0380

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TEAGUE BROTHERS PROFESSIONAL BLDG PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2872412</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** TEAGUE BROTHERS PROFESSIONAL BLDG PWS

**Contact NAME:** TEAGUE BROTHERS SHOPPING CENTER

**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: 12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1320759</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>
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.
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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: TEAGUE BROTHERS SHOPPING CENTER
Contact NAME: TEAGUE BROTHERS SHOPPING 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: 1320760
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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CONFIRM THE WATER SYSTEM INFORMATION...
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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: DOLLAR GENERAL - 20047 - DEERFIELD PWS
Contact NAME: ELLIOTT, KRISTIN

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319330
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319330 0000011200 LFCWS 00000000 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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   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KIDRON, INC. WELL 3
Contact NAME: VT HACKNEY, KIDRON DIVISION

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319825
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.

---

### PUBLIC WATER SYSTEM LICENSE NOTICE

**TERRACE LAKES CAMPGROUNDS**  
6157 STATE ROUTE 7  
NEW WATERFORD, OH 44445

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TERRACE LAKES CAMPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1558112</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.

<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.

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** TERRACE LAKES CAMPING  
**PWS ID:** OH1558112

**Contact NAME:** TERRACE LAKES 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: | 1320765 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320765 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.

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

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TESCHNERS TAVERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7751612</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>
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<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.

**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:** TESCHNERS TAVERN  
**Contact NAME:** TESCHNERS 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CAMPBELL OIL COMPANY
7977 HILLS AND DALES RD NE
MASSILLON, OH 44646

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MANCHESTER RD BELLSTORES #1156 PWS</th>
<th>PWS ID: OH7798812</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>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
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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: MANCHESTER RD BELLSTORES #1156 PWS  PWS ID: OH7798812
Contact NAME: CAMPBELL OIL COMPANY

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319982
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.

ASHBA, KEN
PO 1062
BURTON, OH 44021

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2 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/

4 RETURN APPLICATION PROMPTLY...
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ASHBA, KEN</td>
<td>PWS ID: OH2864312</td>
</tr>
<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>

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: THE BELL STATION
Contact NAME: ASHBA, KEN

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: 12/31/2019</th>
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<tbody>
<tr>
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<tr>
<td>Amount Due: $112.00</td>
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<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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</table>

1320769 0000011200 LFCWS 000000000 2
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

THE BONNEVILLE
13237 PORTAGE ST
DOYLESTOWN, OH 44230

THE BONNEVILLE
OH8557312
TRANSIENT NONCOMMUNITY

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

PAY FEES...
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RETURN APPLICATION PROMPTLY...
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WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: THE BONNEVILLE</th>
<th>PWS ID: OH8557312</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>
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<th>TOTAL</th>
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<tbody>
<tr>
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</tbody>
</table>

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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: THE BONNEVILLE
PWS ID: OH8557312
Contact NAME: THE BONNEVILLE

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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<table>
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<tr>
<th>Due Date: 12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1320771</td>
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<tr>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID: 1320771</td>
</tr>
</tbody>
</table>

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

UNITED REALTY & INVESTMENT CO
207 SCHNEIDER STREET SE
NORTH CANTON, OH 44720

WATER SYSTEM INFORMATION
Name: MANCHESTER PLAZA
PWS ID: OH7724412
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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2 SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MANCHESTER PLAZA
Contact NAME: UNITED REALTY & INVESTMENT 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: 1319981
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.

WILLLOW LAKE PARK
6437 MAHONING AVENUE NW
WARREN, OH 44481

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WILLLOW LAKE PARK
PWS ID: OH7843312
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.

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

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

PWS NAME: WILLLOW LAKE PARK
Contact NAME: WILLLOW LAKE 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: 1321053
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.

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CAMP BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CAMP BEAUMONT, WHISPERING LEAVES PWS
Contact NAME: CAMP BEAUMONT

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
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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THE CAMP
6235 ST RT 46
CORTLAND, OH 44410

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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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: THE CAMP</th>
<th>PWS ID: OH7856325</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>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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<td>Pay this amount: $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: THE CAMP
Contact NAME: THE 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: 1320774
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>THE CORNER CAFE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2874012</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>
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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>
</tr>
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<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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</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: THE CORNER CAFE PWS
Contact NAME: THE CORNER CAFE

SIGNATURE OF OWNER ____________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320776
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320776 0000011200 LFCWS 000000000 3
**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.

---

**JSMN DOLLAR GENERAL PROPERTIES, LLC**  
C/O RAVINDER THOTA  
280 IDAHO ST  
PARAMUS, NJ 07652

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #9479 - CHARDON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2873612</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**

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<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 #9479 - CHARDON  
Contact NAME: JSMN DOLLAR GENERAL PROPERTIES, 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: 1319329  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:

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1319329 0000011200 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

**WATER SYSTEM INFORMATION**

| Name: THE DECK | System Type: TRANSIENT NONCOMMUNITY |
| PWS ID: OH6750712 | 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.

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

3. PAY FEES...
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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: THE DECK

Contact NAME: MANTUA CORNERS, 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: 1320779

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1320779 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

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     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: THE DIAMOND LODGE PWS
Contact NAME: THE DIAMOND 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: 1320780
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.

MANCHESTER LOCAL SCH DIST 6075 MANCHESTER RD AKRON, OH 44319

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MANCHESTER FOOTBALL FIELD PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7729812</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

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...

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

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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: MANCHESTER FOOTBALL FIELD PWS  

PWS ID: OH7729812

Contact NAME: MANCHESTER LOCAL SCH DIST

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

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Revenue ID: 1319980
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Transaction ID:
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VT HACKNEY, KIDRON DIVISION
PO BOX 17
KIDRON, OH 44636

2020 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.
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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: KIDRON, INC. WELL 2
Contact NAME: VT HACKNEY, KIDRON DIVISION

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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Ohio EPA
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Cleveland, OH 44194-7005
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE LAKE - WELL 2
Contact NAME: THE 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
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320790
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320790 0000011200 LFCWS 0000000000 5
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THE LAKE CAMPGROUND -
THE LAKE CAMPGROUND
2678 SOUTH HAMETOWN ROAD
NORTON, OH 44203

WATER SYSTEM INFORMATION

Name: THE LAKE CAMPGROUND
PWS ID: OH7794212
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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE LAKE CAMPGROUND PWS ID: OH7794212
Contact NAME: THE LAKE CAMPGROUND -

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: 1320791
Amount Due: $112.00
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Transaction ID:
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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: MANCHESTER FARMS WATER

Contact NAME: MANCHESTER FARMS WATER 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: | 1319979 |
| 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 LAKE CAMPGROUND -
THE LAKE CAMPGROUND
2678 SOUTH HAMETOWN ROAD
NORTON, OH 44203

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: THE LAKE CAMPGROUND - BATHHOUSE</td>
</tr>
<tr>
<td>PWS ID: OH7797712</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>

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: THE LAKE CAMPGROUND - BATHHOUSE
PWS ID: OH7797712
Contact NAME: THE LAKE CAMPGROUND -

SIGNATURE OF OWNER _______________________________  DATE ______________

Pay:

Pay this amount: $112.00

Due Date: 12/31/2019
Revenue ID: 1320792
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 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.

COTHE LIGHTHOUSE
6543 NAVARRE ROAD SW
NAVARRE, OH 44662

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: THE LIGHTHOUSE PWS
PWS ID: OH7646112
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 LIGHTHOUSE PWS
Contact NAME: COTHE LIGHTHOUSE

SIGNATURE OF OWNER ______________________ DATE ____________

Pay to: Treasurer, 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: 1320793
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

WATER SYSTEM INFORMATION

Name: DOLLAR GENERAL #9449 - CANTON SOUTH
PWS ID: OH7677621
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 #9449 - CANTON SOUTH
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: 1319328
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 CHRISTOPHER
DIOCESE OF CLEVELAND
812 BIRUTA STREET
AKRON, OH 44307

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: CAMP CHRISTOPHER</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7751222</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 2</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 CHRISTOPHER
Contact NAME: CAMP CHRISTOPHER

SIGNATURE OF OWNER ___________ DATE ___________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318973
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320969

- 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.

WAGON TRAILS RESORT
4051 ST RT 46 S
JEFFERSON, OH 44047

WATER SYSTEM INFORMATION
Name: WAGON TRAILS RES - SOUTH WELL
PWS ID: OH0435512
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.

Confirms the water system information... Such as System Name, System Type, Mailing Address, and Fee Amount.
If this information is incorrect contact Northeast District Office - DDAGW at 330-963-1200

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.

CONFIRM THE WATER SYSTEM INFORMATION...
WAGON TRAILS RES - SOUTH WELL
OH0435512
TRANSIENT NONCOMMUNITY
1
1

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

IMPORTANT
Pay Fees...

RETURN APPLICATION PROMPTLY...

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WAGON TRAILS RES - SOUTH WELL
PWS ID: OH0435512
Contact NAME: WAGON TRAILS 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: 1320969
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320969 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: J & K SUBWAY-MANCHESTER RD #31339 PWS
Contact NAME: J & K SUBWAY, 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: 1319759
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319759 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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
     - 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: TURKEYFOOT LAKES GOLF-CLUBHOUSE
Contact NAME: TURKEYFOOT LAKES 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: 1320900
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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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.
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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
     - 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: INSPIRATION HILLS</th>
<th>PWS ID: OH8539012</th>
</tr>
</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>
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</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>
<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.

**SIGNATURE OF OWNER**

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

Pay to: Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

<table>
<thead>
<tr>
<th>Revenue ID: 1319744</th>
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<td>Amount Due: $112.00</td>
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<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
<tr>
<td>Due Date: 12/31/2019</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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

DETACH THIS 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 MEADOWS OF OHIO PWS
Contact NAME: CUNNINGHAM, BONNIE

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.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320796
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320796 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THE OUTPOST-PORTAGE
MR. MIKE CASAMENTO
PO BOX 37
KENT, OH 44240

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

DETACH THIS 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 OUTPOST-PORTAGE
Contact NAME: THE OUTPOST-PORTAGE

SIGNATURE OF OWNER ______________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320801
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.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1319010

---

**JEWISH COMMUNITY CENTER OF CLEVELAND**

SEAN MORGAN

26001 S. WOODLAND ST.

BEACHWOOD, OH 44122

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP WISE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2830912</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></th>
<th>TOTAL</th>
</tr>
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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></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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 WISE

Contact NAME: JEWISH COMMUNITY CENTER OF CLEVELAND

---

**SIGNATURE OF OWNER**

________________________________________

**DATE**

---

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Due Date:</td>
<td>12/31/2019</td>
</tr>
<tr>
<td>Revenue ID:</td>
<td>1319010</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>
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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.

---

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KKR, LLC
PWS ID: AL MENDEL
10584 WASHINGTON ST
BAINBRIDGE, OH 44023

**THE PATIO LOUNGE**

System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Name: THE PATIO LOUNGE</th>
<th>OH2862912</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</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>

**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 PATIO LOUNGE

Contact NAME: KKR, 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: 1320802
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320802 00000011200 LFCWS 000000000 1
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.

THE PINES GOLF CLUB
1319 N MILBORNE RD
PO BOX 308
ORRVILLE, OH 44667

WATER SYSTEM INFORMATION

Name: THE PINES GOLF CLUB PWS
PWS ID: OH8539512
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 PINES GOLF CLUB PWS
Contact NAME: THE PINES 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: 1320804
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BIG ARBS CAMPGROUND PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1556312</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>
<td>No</td>
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</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
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<tr>
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<td>Pay this amount:</td>
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**CONFIRM THE WATER SYSTEM INFORMATION...**

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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:** BIG ARBS CAMPGROUND PWS  
**PWS ID:** OH1556312  
**Contact NAME:** BIG ARBS 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

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<th>Due Date:</th>
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<td>Revenue ID:</td>
<td>1318848</td>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
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<tr>
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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.

---

**WATER SYSTEM INFORMATION**

Name: BELL STORES SOUTH MARATHON
PWS ID: OH8545912
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.

Attatched 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.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: BELL STORES SOUTH MARATHON
Contact NAME: PHILLIPS, JP

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318829
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...
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3. PAY FEES...
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   - 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: THE POND ICE RINK PWS

Contact NAME: THE POND ICE RINK 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: 1320807
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.

THE RESERVE
OBSTETRICS AND GYNECOLOGY OF THE RESERVE
799 WYE ROAD
BATH, OH 44333

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>THE RESERVE - MEDICAL CENTER AND SPA</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>72</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>
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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.

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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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   - 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: THE RESERVE - MEDICAL CENTER AND SPA
Contact NAME: THE RESERVE

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320808
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320808 0000011200 LFCWS 0000000000 5
**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200*

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/

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---

**ARLINGTON ROAD COMMONS**
**ATTN: WASIM KHAN**
**P.O. BOX 489**
**BATH, OH 44210**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ARLINGTON ROAD COMMONS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7788212</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>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>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td><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.

---

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

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

**PWS NAME:** ARLINGTON ROAD COMMONS

**Contact NAME:** ARLINGTON ROAD COMMONS

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318762 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | }
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THE TONIX BAR
ZORINA CHARNOVICH
3090 SOUTH MAIN STREET
AKRON, OH 44319

WATER SYSTEM INFORMATION
Name: THE TONIX BAR PWS
PWS ID: OH7765412
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: THE TONIX BAR PWS
Contact NAME: THE TONIX 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: 1320816
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
THE UPPER DECK
OWNER
357 WEST TURKEYFOOT LAKE ROAD
AKRON, OH 44319

WATER SYSTEM INFORMATION

Name: THE UPPER DECK
PWS ID: OH7744712
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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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: THE UPPER DECK
Contact NAME: THE UPPER DECK

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: 1320817
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 8
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ALLEGHENY WESLEYAN COLLEGE
2161 WOODSDALE ROAD
SALEM, OH 44460

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2 SIGN...
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   - 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: ALLEGHENY WESLEYAN COLLEGE
Contact NAME: ALLEGHENY WESLEYAN COLLEGE

SIGNATURE OF OWNER ___________________________ DATE _____________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318721 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318721 0000011200 LFCWS 000000000 3 |
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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**WATER SYSTEM INFORMATION**

Name: APOSTOLAKIS HONDA PWS
PWS ID: OH7855012
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

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: APOSTOLAKIS HONDA PWS
PWS ID: OH7855012

Contact NAME: APOSTOLAKIS HONDA

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318753
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 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.

### WAGON TRAILS RESORT

4051 ST RT 46 S

JEFFERSON, OH 44047

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WAGON TRAILS RES - NORTH WELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0435412</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>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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** WAGON TRAILS RES - NORTH WELL

**PWS ID:** OH0435412

**Contact NAME:** WAGON TRAILS 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1320968</td>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
**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 WEMBLEY CLUB**
8345 WOODBERRY DRIVE
CHAGRIN FALLS, OH 44023

---

**WATER SYSTEM INFORMATION**

| Name: | THE WEMBLEY CLUB |
| PWS ID: | OH2857212 |
| 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 Northeast District Office - DDAGW at 330-963-1200

**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 WEMBLEY CLUB

**PWS ID:** OH2857212

**Contact NAME:** THE WEMBLEY CLUB

**Signature of Owner**

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

**Revenue ID:** 1320821

**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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: THE WHETSTONE CENTER
Contact NAME: KARMIE REAL ESTATE

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320822
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. SIGN...
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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: MANCHESTER ADMINISTRATION BUILDING PWS
Contact NAME: MANCHESTER LOCAL SCH 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: 1319978
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.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

ATTN: NICHOLE BEALER
1660 MASSILLON RD
AKRON, OH 44312

---

**WATER SYSTEM INFORMATION**

**Name:** THEOS  
**PWS ID:** OH7758412  
**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><strong>TOTAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay this amount:</strong></td>
<td><strong>$112.00</strong></td>
</tr>
</tbody>
</table>

**ATTACHED** 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.

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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:** THEOS  
**Contact NAME:** THEOS

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019  
Revenue ID: 1320823  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID: 1320823 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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**THIRD GENERATION**
PO BOX 92
KENSINGTON, OH 44427

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>THIRD GENERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1542312</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: 

**TOTAL**

$112.00

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

**REVENUE ID**

**TREASURER, STATE OF OHIO**

**TRANSACTION ID:**

**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:** THIRD GENERATION

**Contact NAME:** THIRD GENERATION

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

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320826
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.

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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: DOLLAR GENERAL #9173 NEW FRANKLIN
PWS ID: OH7700024
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: 1319327
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319327 0000011200 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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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: WILLOW LAKE PARK</th>
<th>PWS ID: OH5253012</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSPORT NONCOMMUNITY</td>
<td>Number of Wells: 1</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>
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</table>

**TOTAL**

Pay this amount: **$112.00**

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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:** WILLLOW LAKE PARK  |  **PWS ID:** OH5253012

**Contact NAME:** WILLLOW LAKE PARK 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: | 1321052 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321052 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>THOMPSON CENTER MARKET PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876924</td>
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<tr>
<td>System Type:</td>
<td>TRANSPORT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
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<td>Surface Water Source: No</td>
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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: THOMPSON CENTER MARKET PWS

Contact NAME: GEISER, JAMES

SIGNATURE OF OWNER _______________ DATE _______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<tbody>
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<tr>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1320828 0000011200 LFCWS 000000000 1</td>
</tr>
</tbody>
</table>
Thompson Raceway Park
4062 Erie St
Willoughby, OH 44094-7836

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>THOMPSON RACEWAY PARK PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2861612</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>
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</table>

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**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>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1320830</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>
</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

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CAMP WHITENWOOD
Contact NAME: NORTHEASTERN OHIO 4-H CAMPS 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: 1319009
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.

THOMPSONS DAIRY LAND
7519 COLUMBUS ROAD
LOUISVILLE, OH 44641

WATER SYSTEM INFORMATION
Name: THOMPSONS DAIRY LAND
PWS ID: OH7643412
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: THOMPSONS DAIRY LAND
Contact NAME: THOMPSONS DAIRY LAND

SIGNATURE OF OWNER __________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320831
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
THORSON BAKER AND ASSOCIATES INC.
3030 W. STREETSBORO ROAD
RICHFIELD, OH 44286

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name: THORSON BAKER AND ASSOC INC 1 PWS | PWS ID: OH7782412 |
| System Type: NONCOMMUNITY NONTRANSIENT | Population Served: 85 |
| 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: THORSON BAKER AND ASSOC INC 1 PWS
Contact NAME: THORSON BAKER AND ASSOCIATES 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: 1320835
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0000000000
## 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: MAIZE VALLEY FARM MARKET PWS</th>
<th>PWS ID: OH7673112</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

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

<table>
<thead>
<tr>
<th>Invoice/Revenue ID: 1319974</th>
</tr>
</thead>
</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:** MAIZE VALLEY FARM MARKET PWS  **PWS ID:** OH7673112

**Contact NAME:** MAIZE VALLEY 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

---

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID: 1319974</td>
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<tr>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</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.

STORMER, DAWN
PO BOX 102
BRUNSWICK, OH 44212

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WILLOW LAKE PARK</td>
<td>TOTAL</td>
</tr>
<tr>
<td>PWS ID: OH5253012</td>
<td>Pay this amount: $112.00</td>
</tr>
<tr>
<td>System Type : TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
<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>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WILLOW LAKE PARK
Contact NAME: STORMER, DAWN

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321052
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321052 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>CROSSROADS BAR AND GRILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7838112</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>
</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

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

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** CROSSROADS BAR AND GRILL

**Contact NAME:** ANTHONY, STEPHANIE

**SIGNATURE OF OWNER**

**DATE**

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319234 |
| 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.

UNITED FELLOWSHIP CLUB
P.O. BOX 7
BARBERTON, OH 44203

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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)

WATER SYSTEM INFORMATION
Name: UNITED FELLOWSHIP CLUB
PWS ID: OH7651412
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.

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

Due Date: 12/31/2019
Revenue ID: 1320920
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

SIGNATURE OF OWNER ___________________________ DATE ______________
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 Northeast District Office - DDAGW at 330-963-1200

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: Treasuerer 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: THORSON BAKER AND ASSOC INC 2 PWS
Contact NAME: THORSON BAKER AND ASSOCIATES 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.

Pay to: Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320836
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: 1320838
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MAIN STREET VENTURES PLAZA PWS
Contact NAME: MAIN STREET VENTURE PLAZA

SIGNATURE OF OWNER _______________ DATE _______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319973
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

Invoice/Revenue ID: 1319973

WATER SYSTEM INFORMATION

Name: MAIN STREET VENTURES PLAZA PWS
PWS ID: OH7791512
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.
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TIKI UNDERGROUND
Contact NAME: DUWALDT, ELIZABETH

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320840
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.

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**TIMASHAMIE FAMILY CAMPGROUND**
28251 GEORGETOWN RD
SALEM, OH 44460

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TIMASHAMIE FAMILY CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1552912</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**

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

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

**Revenue ID:** 1320841

**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.

MAIN STREET CONVENIENCE, LLC
503 GRANDVIEW AVE.
HUBBARD, OH 44425

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: MAIN STREET CONVENIENCE LLC.
PWS ID: OH7854812
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MAIN STREET CONVENIENCE LLC.
PWS ID: OH7854812
Contact NAME: MAIN STREET CONVENIENCE, 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: 1319972
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319972 0000011200 LFCWS 0000000000
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KIDRON, INC. WELL 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8539912</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>32</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>

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

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

*IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200*

**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:** KIDRON, INC. WELL 1  
**PWS ID:** OH8539912

**Contact NAME:** VT HACKNEY, KIDRON DIVISION

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

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1319823</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></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

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TIMBERCREST CAMP AND RV PARK
Contact NAME: TIMBERCREST CAMP AND RV 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: 1320842
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
Time: OUT Sports Bar & Grill  
ATTN: Scott Ballentine  
7160 State Route 303  
Windham, OH 44288

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>TIME OUT SPORTS BAR</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH6783512</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>Description</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>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
</tr>
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<tbody>
<tr>
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</tr>
<tr>
<td>IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200</td>
</tr>
</tbody>
</table>

**SIGN...**

<table>
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<tr>
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<tbody>
<tr>
<td>Application MUST be signed and dated in the designated area below.</td>
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</tbody>
</table>

**PAY FEES...**

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please pay the required fee by check, money order or credit card.</td>
</tr>
<tr>
<td>- Make check or money order payable to:</td>
</tr>
<tr>
<td>TREASURER STATE OF OHIO</td>
</tr>
<tr>
<td>- For Information on paying by Credit Card go to</td>
</tr>
<tr>
<td><a href="http://epa.ohio.gov/">http://epa.ohio.gov/</a></td>
</tr>
</tbody>
</table>

**RETURN APPLICATION PROMPTLY...**

<table>
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<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return the signed application along with the appropriate fee by the DUE DATE listed below.</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: TIME OUT SPORTS BAR  
Contact NAME: TIME OUT SPORTS BAR & GRILL

**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

Printed on 1320844 0000011200 LFCWS 0000000000 1
**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.**

---

**PATEL, RAKESH**
4185 STATE ROUTE 5
NEWTON FALLS, OH 44444

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MAHONING VALLEY MARKET &amp; MARATHON GAS PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5055021</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>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:</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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:** MAHONING VALLEY MARKET & MARATHON GAS PWS
**PWS ID:** OH5055021
**Contact NAME:** PATEL, RAKESH

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319971 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319971 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.

TIMES SQUARE RESTAURANT
3297 WAKEFIELD CK RD
FARMDALE, OH 44417

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: TIMES SQUARE RESTAURANT, LLC</th>
<th>PWS ID: OH7842712</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>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.

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TIMES SQUARE RESTAURANT, LLC
Contact NAME: TIMES SQUARE 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: 1320845
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TIMOTHY ENTERPRISES LLC
Contact NAME: TIMOTHY ENTERPRISES 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: 1320846
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320846 0000011200 LFCWS 00000000 9
2020  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1319969

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.

MAGNI-POWER COMPANY
PO BOX 226
WOOSTER, OH 44691

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: MAGNI-POWER COMPANY  PWS ID: OH8541312
Contact NAME: MAGNI-POWER 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

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: MAGNI-POWER COMPANY</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH8541312</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 100</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></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>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. | |

Due Date: 12/31/2019
Revenue ID: 1319969
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319969 0000011200 LFCWS 000000000 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.**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: WILLOW BAY CAMPGROUNDS PWS</th>
<th>PWS ID: OH6789717</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**

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**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:** WILLOW BAY CAMPGROUNDS PWS

**Contact NAME:** BUMARO, 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>Due Date: 12/31/2019</th>
<th>Revenue ID: 1321050</th>
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<tbody>
<tr>
<td>Amount Due: $112.00</td>
<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
<td></td>
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</table>
2020  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320965

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

BELL STORES
7977 HILLS & DALES RD NE
MASSILLON, OH 44646-5242

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WACO MARATHON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7668012</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.</td>
</tr>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

### 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: WACO MARATHON
Contact NAME: BELL STORES

SIGNATURE OF OWNER ___________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320965
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.

---

**TP TOOLS CORP**
7075 ST RTE 446
PO BOX 649
CANFIELD, OH 44406-0649

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TIP PLUS CORP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5051912</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>34</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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### FEES FOR YEAR 2020

<table>
<thead>
<tr>
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<tr>
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</tr>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

### 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:** TIP PLUS CORP  
**PWS ID:** OH5051912  
**Contact NAME:** TP TOOLS 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: | 1320848 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |  1320848 0000011200 LFCWS 00000000 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TOBEYS PUB AND GRILLE
Contact NAME: TOBEYS PUB & GRILLE

SIGNATURE OF OWNER ___________________________ DATE __________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320850 |
| 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.

Elliott, Kristin
ATTN: Kristin Elliott
100 Mission Ridge
Goodlettsville, TN 37072

WATER SYSTEM INFORMATION

Name: DOLLAR GENERAL #20066 - HARTFORD
PWS ID: OH7856326
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319324
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319324 0000011200 LFCWS 0000000000 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>TOMASOS ITALIAN VILLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH7743712</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TOMASOS ITALIAN VILLA

Contact NAME: TOMASOS ITALIAN VILLA

SIGNATURE OF OWNER ____________________________ DATE ____________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320852
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.

GRIMM, BOBBI
2413 S ARLINGTON RD
AKRON, OH 44319

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

INVICTA  
EPA  
3060 Waterfont Drive  
Columbus, OH 43229

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: TOP O HILL MHP PWS
Contact NAME: GRIMM, BOBBI

SIGNATURE OF OWNER ______________________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320858
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320858 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2 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.
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319968
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

KIDRON FIRE DEPARTMENT -
PO BOX 248
KIDRON, OH 44636

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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: KIDRON FIRE DEPARTMENT PWS
Contact NAME: KIDRON FIRE DEPARTMENT -

SIGNATURE OF OWNER ________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319822
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
WITUCKI, KIM
7555 SHILLING RD
WEST SALEM, OH 44287

WATER SYSTEM INFORMATION
Name: TOWN AND COUNTRY CAMPGROUND EAST WELL
PWS ID: OH8564718
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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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TOWN AND COUNTRY CAMPGROUND EAST WELL
Contact NAME: WITUCKI, KIM

SIGNATURE OF OWNER ____________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320861
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.

WITUCKI, KIM
7555 SHILLING RD
WEST SALEM, OH 44287

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320862
Amount Due: $112.00
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>MILLER GROUP HOLDINGS LP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH1043317</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**

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200.

**SIGN...**

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

**PAY FEES...**

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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:** DOLLAR GENERAL #20051 - SHERRODSVILLE

**PWS ID:** OH1043317

**Contact NAME:** MILLER GROUP HOLDINGS LP

**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: 1319323
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.

WOLBERT, MIKE
1407 TRAILS END DR
NEW FRANKLIN, OH 44216

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: WOLBERT, MIKE</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7631812</td>
<td></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...
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IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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Pay this amount: $112.00

PWS NAME: TOWPATH CABINN PWS
Contact NAME: WOLBERT, MIKE

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TOWPATH CABINN PWS
Contact NAME: WOLBERT, MIKE

SIGNATURE OF OWNER __________________________ DATE ____________

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Cleveland, OH 44194-7005

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: TRESSES CONDOMINIUM
Contact NAME: CORAL MANAGEMENT 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.

<table>
<thead>
<tr>
<th>Ohio EPA</th>
<th>Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due Date: 12/31/2019</td>
<td>Revenue ID: 1320868</td>
</tr>
<tr>
<td>Amount Due: $112.00</td>
<td>Type Code: LFCWS</td>
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<tr>
<td>Transaction ID:</td>
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</tr>
</tbody>
</table>

TOTAL |

| Pay this amount: | $112.00 |

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.

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<table>
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<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: WELTLICH, DON</td>
<td></td>
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<tr>
<td>PWS ID: OH1035712</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
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<tr>
<td>Number of Wells: 2</td>
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<tr>
<td>Surface Water Source: No</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 WAKONDA
Contact NAME: WELTLICH, DON

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319005 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319005 0000011200 LFCWS 000000000 8 |
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.

KIDRON AUCTION INC
4885 KIDRON RD
PO BOX 39
KIDRON, OH 44636

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: KIDRON AUCTION INC - POND WELL
Contact NAME: KIDRON AUCTION 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: 1319821
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319821 0000011200 LFCWS 0000000000 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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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)

W BRANCH ATHLETIC BOOSTER CLUB
26701 STATE ROUTE 62
BELOIT, OH 44609

WATER SYSTEM INFORMATION

Name: W BRANCH ATHLETIC BOOSTER CLUB
PWS ID: OH1563512
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

PAY FEES...
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320963
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320963 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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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: IVYSTONE WATER SYSTEM
Contact NAME: IVYSTONE 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: 1319758
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**WATER SYSTEM INFORMATION**

- **Name:** TURKANA GOLF PWS
- **PWS ID:** OH1565612
- **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></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

**SIGN...**

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**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.

- **Due Date:** 12/31/2019
- **Revenue ID:** 1320896
- **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.

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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**

| Name: TRICKLING SPRINGS COUNTRY STORE PWS | PWS ID: OH1566515 |
| System Type: TRANSIENT NONCOMMUNITY | Number of Wells: 1 |
| Surface Water Source: No |

**FEES FOR YEAR 2020**

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

---

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

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

PWS NAME: TRICKLING SPRINGS COUNTRY STORE PWS

PWS ID: OH1566515

Contact NAME: TRICKLING SPRINGS COUNTRY STORE

SIGNATURE OF OWNER ___________________________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320873
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320873 0000011200 LFCWS 0000000000
**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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---

**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
<th>TRICOR METALS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8530512</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served</td>
<td>98</td>
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<tr>
<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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<th>TOTAL</th>
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Such as System Name, System Type, Mailing Address, and Fee Amount.

**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.

---

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

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

PWS NAME: TRICOR METALS

Contact NAME: TRICOR INDUSTRIAL, 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: 1320874
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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3 PAY FEES...
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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: MACS TAVERN PWS
Contact NAME: HALLSTROM, JACKIE

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319963
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TRIWAY LANCES</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8549612</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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</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.

<table>
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<td>Pay this amount:</td>
<td>$112.00</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:** TRIWAY LANCES

**Contact NAME:** NORBET FAMILY BOWLING CENTER INC

**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>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1320880</td>
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<tr>
<td>Amount Due:</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1320880 0000011200 LFCWS 0000000000</td>
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TROUTMAN, ANDY
4243 COLUMBUS RD
WOOSTER, OH 44691

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name: TROUTMAN VINEYARD PWS</td>
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</tr>
<tr>
<td>PWS ID: OH8564716</td>
<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</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>

<table>
<thead>
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</tbody>
</table>

Confirmed the water system information... Such as System Name, System Type, Mailing Address, and Fee Amount. If this information is incorrect contact Northeast District Office - DDAGW at 330-963-1200

Signature of Owner: TROUTMAN, ANDY

Due Date: 12/31/2019
Revenue ID: 1320881
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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<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #19491 - CORTLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7856324</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** DOLLAR GENERAL #19491 - CORTLAND  
**PWS ID:** OH7856324  
**Contact NAME:** ELLIOTT, KRISTIN

**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: | 1319321 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319321 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.

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.

WILDWOOD ACRES FAMILY CAMPGROUND
43372 BUCKEYE RD
LISBON, OH 44432

WATER SYSTEM INFORMATION

Name: WILDWOOD ACRES FAMILY CAMPGROUND
PWS ID: OH1554512
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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: WILDWOOD ACRES FAMILY CAMPGROUND
Contact NAME: WILDWOOD ACRES FAMILY 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: 1321046
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321046 0000011200 LFCWS 00000000 5
**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.**

---

**PIZZA HUT-CHESTERLAND**
P.O. BOX 370
KENT, OH 44240

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PIZZA HUT-CHESTERLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2854612</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>Pay this amount: $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.

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

---

**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:** PIZZA HUT-CHESTERLAND

**PWS ID:** OH2854612

**Contact NAME:** PIZZA HUT-CHESTERLAND

**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: | 1320377 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320377 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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: COPE FAMILY LLC</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7777512</td>
<td></td>
</tr>
<tr>
<td>System Type: Transient Noncommunity</td>
<td></td>
</tr>
<tr>
<td>Number of Wells: 2</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

PWS NAME: GAME DAY SPORTSWEAR

PWS ID: OH7777512

Contact NAME: COPE FAMILY 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

Pay Date: 12/31/2019

Revenue ID: 1319491

Amount Due: $112.00

Type Code: LFCWS

Transaction ID:
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   Such as System Name, System Type, Mailing Address, and Fee Amount.  
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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: CAMP WAKONDA
Contact NAME: CAMP WAKONDA

SIGNATURE OF OWNER ___________________________  DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319005
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.

---

**CHESTER PROFESSIONAL BUILDING**

ATTN: LARRY BIALES

PO BOX 452

CHESTERLAND, OH 44026-2905

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHESTER PROFESSIONAL BUILDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2856912</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.

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   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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/

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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: CHESTER PROFESSIONAL BUILDING

Contact NAME: CHESTER PROFESSIONAL BUILDING

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: **Treasurer, 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>Pay to: Treasurer, State of Ohio</th>
<th>Revenue ID: 1319089</th>
<th>Amount Due: $112.00</th>
<th>Type Code: LFCWS</th>
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<tbody>
<tr>
<td>Ohio EPA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX 77005</td>
<td>Due Date: 12/31/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleveland, OH 44194-7005</td>
<td></td>
<td></td>
<td></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.

---

**Petronzio, Mike**

12468 Kinsman Rd
Burton, OH 44021

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHESTER PLAZA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2876950</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

<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></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>

**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 Northeast District Office - DDAGW at 330-963-1200

---

**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.

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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:** CHESTER PLAZA

**Contact NAME:** PETRONZIO, MIKE

**SIGNATURE OF OWNER**

**DATE**

---

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

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

**Ohio EPA**

PO BOX 77005
Cleveland, OH 44194-7005

---

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

**Revenue ID:** 1319088

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
M & C MOBILE HOME PARK
480 15TH ST NW
BARBERTON, OH 44203

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>M AND C MOBILE HOME PARK</th>
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<tr>
<td>PWS ID:</td>
<td>OH5000912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>41</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
</table>

**FEES FOR YEAR 2020**

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

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IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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: M AND C MOBILE HOME PARK

Contact NAME: M & C MOBILE HOME PARK

**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: 1319960
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KIDRON AUCTION INC - LOUNGE WELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8539812</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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**FEES FOR YEAR 2020**

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KIDRON AUCTION INC - LOUNGE WELL
Contact NAME: KIDRON AUCTION 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: | 1319820 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 00000011200 LFCWS 0000000000 1 |
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 BEAUMONT
2429 RT. 45 N.
ROCK CREEK, OH 44084

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CAMP BEAUMONT, DEEP WOODS PWS
Contact NAME: CAMP BEAUMONT

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318962
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318962 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

PIP, LLC
15567 MAIN MARKET ROAD
PO BOX 527
PARKMAN, OH 44080

WATER SYSTEM INFORMATION

Name: PIP, LLC PWS
PWS ID: OH2853612
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 63
Surface Water Source: No

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PIP, LLC PWS
Contact NAME: PIP, 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: 1320372
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320372 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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PIONEER WATERLAND ACTIVITY POOL RR
Contact NAME: DYRCZ, FRANK

SIGNATURE OF OWNER __________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320371
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

- **Name:** DOLLAR GENERAL #19340-CHARDON HAMBDEN PW
- **PWS ID:** OH2876940
- **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.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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:** DOLLAR GENERAL #19340-CHARDON HAMBDEN PW
**PWS ID:** OH2876940
**Contact NAME:** MILLER GROUP HOLDINGS LP

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

Pay to: **Treasurer, 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:** 1319320  **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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name</th>
<th>GALEHOUSE CONSTRUCTION PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8560912</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>30</td>
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<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2020**

<table>
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<tr>
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<th>TOTAL</th>
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<tbody>
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<td>Pay this amount: $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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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

**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/](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: GALEHOUSE CONSTRUCTION PWS  

PWS ID: OH8560912  

Contact NAME: GALEHOUSE CONSTRUCTION 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: 1319488

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>PIONEER WATERLAND - PAVILIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2846812</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>
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</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 |

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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:** PIONEER WATERLAND - PAVILIONS  
**PWS ID:** OH2846812

**Contact NAME:** PIONEER WATERLAND

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

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005
**LYONS DEN GOLF**  
6347 MANCHESTER AVENUE, NW  
CANAL FULTON, OH 44614

### WATER SYSTEM INFORMATION

- **Name:** LYONS DEN GOLF PWS
- **PWS ID:** OH7666112
- **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><strong>TOTAL</strong></th>
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<tbody>
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<td><strong>Pay this amount:</strong></td>
<td><strong>$112.00</strong></td>
</tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** LYONS DEN GOLF PWS  
**PWS ID:** OH7666112

**Contact NAME:** LYONS DEN 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

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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.

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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 CARL
Contact NAME: CAMP CARL

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318972
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318972 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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4 RETURN APPLICATION PROMPTLY...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: PIONEER WATERLAND - GO KARTS
Contact NAME: DYRCZ, FRANK

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320369
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.

G’S PIZZA WORLD - BERLIN CENTER
15692 AKRON-CANFIELD RD
BERLIN CENTER, OH 44401

NAME: G’S PIZZA WORLD - BERLIN CENTER PWS  
PWS ID: OH5055018
SYSTEM TYPE: TRANSIENT NONCOMMUNITY
NUMBER OF WELLS: 1
SURFACE WATER SOURCE: No

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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   Pay this amount: $112.00

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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: G’S PIZZA WORLD - BERLIN CENTER PWS  
PWS ID: OH5055018
Contact NAME: G’S PIZZA WORLD - BERLIN 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: 1319487
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319487 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.

ELLIOTT, KRISTIN
ATTN: KRISTIN ELLIOTT
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

---

**WATER SYSTEM INFORMATION**

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<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #18985 - EDINBURG</th>
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<td>PWS ID:</td>
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<td>Number of Wells:</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2020**

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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: DOLLAR GENERAL #18985 - EDINBURG

Contact NAME: ELLIOTT, KRISTIN

**SIGNATURE OF OWNER** ___________________________ **DATE** ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319318
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.

---

**CIPRIANI INVESTMENT COMPANY II**
25901 EMERY ROAD
SUITE 115
CLEVELAND, OH 44128

---

**WATER SYSTEM INFORMATION**

Name: CHESTER COMMERCE AND MEDICAL BLDG PWS
PWS ID: OH2876921
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

---

**FEES FOR YEAR 2020**

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<tr>
<th>Name</th>
<th>CHD CAMERON MEDICAL BLDG PWS</th>
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<tr>
<td>System Type</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>

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Such as System Name, System Type, Mailing Address, and Fee Amount.

**SIGN...**

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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.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CHESTER COMMERCE AND MEDICAL BLDG PWS
Contact NAME: CIPRIANI INVESTMENT COMPANY 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

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Due Date: 12/31/2019
Revenue ID: 1319087
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319087 0000011200 LFCWS 000000000 9
**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: G’S PIZZA WORLD & ICE CREAM - DAMASCUS
- PWS ID: OH5055024
- 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>
</tr>
</thead>
<tbody>
<tr>
<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** G’S PIZZA WORLD & ICE CREAM - DAMASCUS

**Contact NAME:** BIERY, CHUCK

**SIGNATURE OF OWNER** ___________________________ **DATE** ___________________________

Pay to: **Treasurer, 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: | 1319486 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319486 0000011200 LFCWS 0000000000 |
**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.**

**LOYOLA RETREAT HOUSE, INC**
700 KILLINGER ROAD
CLINTON, OH 44216

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LOYOLA RETREAT HOUSE, INC PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7727412</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

**REVENUE ID**: 1319954

**Amount Due**: $112.00

**Type Code**: LFCWS

**Due Date**: 12/31/2019

Pay to: **Treasurer, State of Ohio**. Please write the Revenue ID on 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WILDWOOD ACRES CAMPGROUND
PWS ID: OH0442312
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: WILDWOOD ACRES CAMPGROUND
PWS ID: OH0442312
Contact NAME: FOREST WOOD CAMP, 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>Due Date</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID</td>
<td>1321045</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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CARKHUFF, DIANE
6758 HAYES ROAD
ANDOVER, OH 44003

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: JEFFCO LAKES CAMPGROUND
PWS ID: OH0438012
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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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: JEFFCO LAKES CAMPGROUND
Contact NAME: CARKHUFF, DIANE

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319777
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319777 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP ASBURY-CENTRAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6774412</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**

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<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**

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

---

DETACH THIS 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 ASBURY-CENTRAL
Contact NAME: CAMP ASBURY

SIGNATURE OF OWNER ____________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318957
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

1. CONFIRM THE WATER SYSTEM INFORMATION...
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2. 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/

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: PIONEER EQUIPMENT PWS
Contact NAME: PIONEER EQUIPMENT 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: 1320365
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320365 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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**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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   - IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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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---

**G & S BAR AND WIRE LLC**

9609 ARDMORE AVE
FORT WAYNE, IN 46809

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: G AND S BAR AND WIRE, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH8559412</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 51</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
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</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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</table>

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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:** G AND S BAR AND WIRE, LLC

**Contact NAME:** G & S BAR AND WIRE 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: | 1319485 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319485 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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DOLLAR GENERAL CORPORATION
100 MISSION RIDGE
ENVIRONMENTAL COMPLIANCE
GOODLETTSVILLE, TN 37072

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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 #18872 - ROBERTSVILLE
Contact NAME: DOLLAR GENERAL 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: 1319317
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319317 0000011200 LFCWS 00000000 1
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

MILLER, LEVI
5391 HAYES RD
ANDOVER, OH 44003

WATER SYSTEM INFORMATION

Name: MILLER, LEVI
PWS ID: OH0447015
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

Pay to:
Treasure, State of Ohio

Due Date: 12/31/2019
Revenue ID: 1319086
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319086 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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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: PINKYS LOUNGE PWS
Contact NAME: PINKYS LOUNGE
PWS ID: OH1543912

PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320364
Amount Due: $112.00
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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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**SAMPSON, MARK**  
4900 S MAIN ST  
AKRON, OH 44319

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BEVERAGE EXPRESS PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7799939</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</td>
</tr>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

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**SIGN...**
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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/

---

**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:** BEVERAGE EXPRESS PWS  
**PWS ID:** OH7799939

**Contact NAME:** SAMPSON, MARK

**SIGNATURE OF OWNER**  
**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318845 |
| 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>KIDRON AUCTION INC - BARN WELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8539612</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>
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<th>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 this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</th>
<th><strong>TOTAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay this amount:</strong></td>
<td><strong>$112.00</strong></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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: KIDRON AUCTION INC - BARN WELL
Contact NAME: KIDRON AUCTION 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: | 1319819 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319819 000011200 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.

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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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
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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: PINE VIEW ACRES, LLC - GIRLS DORM
Contact NAME: PINE VIEW ACRES, 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: 1320363
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320363 0000011200 LFCWS 0000000000 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.

PINE VIEW ACRES, LLC -
11991 ORRVILLE ST NW
MASSILLON, OH 44647

WATER SYSTEM INFORMATION

| Name: PINE VIEW ACRES, LLC - DINING HALL |
| PWS ID: OH7640412 |
| 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.

<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: PINE VIEW ACRES, LLC - DINING HALL
PWS ID: OH7640412

Due Date: 12/31/2019
Revenue ID: 1320362
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.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>DOLLAR GENERAL #18803 - CLARIDON</th>
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<tr>
<td>PWS ID</td>
<td>OH2876938</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.

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DOLLAR GENERAL #18803 - CLARIDON

Contact NAME: SCULL, SHEILA

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319316
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319316 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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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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.

---

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: PINE VIEW ACRES, LLC - BOYS DORM
Contact NAME: PINE VIEW ACRES, 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: 1320361
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320361 0000011200 LFCWS 0000000000 4
**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.

---

**BOCCA GRANDE**
4490 ERIE AVE
CANAL FULTON, OH 44614

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BOCCA GRANDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH7663612</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>

**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>
</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 Northeast District Office - DDAGW at 330-963-1200

**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:** BOCCA GRANDE

**Contact NAME:** BOCCA GRANDE

**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:** 1318887

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: LOUISVILLE MOBILE HOME PARK</td>
<td></td>
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<tr>
<td>PWS ID: OH7602512</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 30</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.

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** LOUISVILLE MOBILE HOME PARK  
**PWS ID:** OH7602512  
**Contact NAME:** LOUISVILLE 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: | 1319949 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Transaction ID:

---

**Invoice/Revenue ID:** 1319949
- 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.

WILDERNESS CENTER INC
9877 ALABAMA AVE. SW
PO BOX 202
WILMOT, OH 44689-0202

PUBLIC WATER SYSTEM LICENSE NOTICE
2020

WILDERNESS CENTER INC
Name: WILDERNESS CENTER INC
PWS ID: OH7643012
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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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WILDERNESS CENTER INC
Contact NAME: WILDERNESS CENTER 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: 1321042 |
| 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.

VFW POST 7490  
7459 COLUMBUS ROAD  
LOUISVILLE, OH 44641

**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 Northeast District Office - DDAGW at 330-963-1200

**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: VFW POST 7490  
PWS ID: OH7643912  
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.

<table>
<thead>
<tr>
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<th>TOTAL</th>
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</table>

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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: VFW POST 7490  
PWS ID: OH7643912  
Contact NAME: VFW POST 7490

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: **Treasurer, State of Ohio**. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320957 |
| 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.

---

**PINE VALLEY GOLF COMMERCIAL DEV SVCS INC**
469 REIMER RD
WADSWORTH, OH 44281

---

### WATER SYSTEM INFORMATION

- **Name:** PINE VALLEY GOLF 1 PWS
- **PWS ID:** OH5256012
- **System Type:** TRANSIENT NONCOMMUNITY
- **Number of Wells:** 1
- **Surface Water Source:** No

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

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**SIGNATURE OF OWNER**

**DATE**

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320359

- 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.

CARRIAGE GROUP REALITY -
44 CLINTON STREET
HUDSON, OH 44236

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:</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7707112</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 21</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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PINE MILL RIDGE 525 PWS
Contact NAME: CARRIAGE GROUP REALITY -

SIGNATURE OF OWNER __________________________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320359
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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   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DOLLAR GENERAL #18765 SHALERSVILLE PWS
Contact NAME: ELLIOTT, KRISTIN

SIGNATURE OF OWNER ____________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319315
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.

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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.
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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.

SULLIVAN, BEN
P.O. BOX 1714
STOW, OH 44224

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>PINE MILL RIDGE 515 PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7709212</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>15</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.

DETACH THIS 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 MILL RIDGE 515 PWS

Contact NAME: SULLIVAN, BEN

SIGNATURE OF OWNER ___________________________ DATE _______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320358
Amount Due: $112.00
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.

PINE MEADOWS GOLF COURSE
15518 SALEM-ALLIANCE ROAD
SALEM, OH 44460

WATER SYSTEM INFORMATION

Name: PINE MEADOWS GOLF COURSE
PWS ID: OH5045512
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source:

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PINE MEADOWS GOLF COURSE
Contact NAME: PINE MEADOWS GOLF COURSE

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320357
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.

---

**CAMP TOODIK-RIVER**
7700 TR 462
LOUDONVILLE, OH 44842

---

## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAMP TOODIK-RIVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3830912</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>
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<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 Northeast District Office - DDAGW at 330-963-1200

**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 TOODIK-RIVER

**PWS ID:** OH3830912

**Contact NAME:** CAMP TOODIK-RIVER

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319002 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319002 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.

CAMP BURTON
DAVID SCULL
14282 BUTTERNUT RD
BURTON, OH 44021

WATER SYSTEM INFORMATION

Name: CAMP BURTON
PWS ID: OH2830712
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 |

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318971
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318971 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**

Name: CHEROKEE PARK COMPANY  
PWS ID: OH6735012  
System Type: TRANSIENT NONCOMMUNITY  
Number of Wells: 1  
Surface Water Source:  

**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.

Attaching 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**

**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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: CHEROKEE PARK COMPANY  
PWS ID: OH6735012  

Pay to: **Treasurer, 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>
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<th>Due Date:</th>
<th>12/31/2019</th>
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<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
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</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.

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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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

PINE LAKE TROUT CLUB
P.O. BOX 23282
17021 CHILLICOTHE ROAD
CHAGRIN FALLS, OH 44023

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>PINE LAKE TROUT CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2841212</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>
<td>No</td>
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FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
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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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</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Pay this amount: $112.00

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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: PINE LAKE TROUT CLUB
Contact NAME: PINE LAKE TROUT 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: | 1320354 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320354 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7603312</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>No</td>
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**FEES FOR YEAR 2020**

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
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<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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**

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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:** LOUISVILLE CENTER FOR REHABILITATION

**PWS ID:** OH7603312

**Contact NAME:** LOUISVILLE CENTER FOR REHAB

**SIGNATURE OF OWNER** ________________________ **DATE** ________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319948 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319948 0000011200 LFCWS 000000000 8 |
- 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.

**FROZEN DEELITE CAFE**

16508 MAIN MARKET
WEST FARMINGTON, OH 44491

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: FROZEN DEELITE CAFE</th>
<th>PWS ID: OH2858112</th>
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<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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**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>
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<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
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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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**SIGN...**
Application MUST be signed and dated in the designated area below.

**PAY FEES...**
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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: FROZEN DEELITE CAFE  
Contact NAME: FROZEN DEELITE CAFE

**SIGNATURE OF OWNER ___________________________ DATE ______________**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
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</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.

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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>BOBS PIZZA PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6731712</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<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.

<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.

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BOBS PIZZA PWS
Contact NAME: BOBS 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.

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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<td>Amount Due: $112.00</td>
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<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<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.**
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- **THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.**

**DOLLAR GENERAL CORPORATION**
100 MISSION RIDGE
ENVIRONMENTAL COMPLIANCE
GOODLETTSVILLE, TN 37072

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>DOLLAR GENERAL #18257 - EAST SPARTA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PWS ID</strong></td>
<td>OH7677630</td>
</tr>
<tr>
<td><strong>System Type</strong></td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td><strong>Number of Wells</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Surface Water Source</strong></td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th><strong>TOTAL</strong></th>
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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** DOLLAR GENERAL #18257 - EAST SPARTA

**PWS ID:** OH7677630

**Contact NAME:** DOLLAR GENERAL 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><strong>Due Date</strong></th>
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<td><strong>Transaction ID</strong></td>
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BEILER'S PENN DUTCH MARKET PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7677619</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>1</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>
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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:** BEILER'S PENN DUTCH MARKET PWS

**Contact NAME:** BEILER, FLOYD

**SIGNATURE OF OWNER** ___________________________  **DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>Due Date:</th>
<th>12/31/2019</th>
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<td>Amount Due:</td>
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<tr>
<td>Transaction ID:</td>
<td></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: VFW POST 5047
PWS ID: OH7662112
Contact NAME: VFW POST 5047

SIGNATURE OF OWNER __________________________  DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320954
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BEDFORD TRAILS GOLF COURSE</th>
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<tr>
<td>PWS ID:</td>
<td>OH5040912</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>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2020**

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| Pay this amount: | $112.00 |

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318821
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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INTERVAL BROTHERHOOD HOME
3445 S. MAIN ST.
AKRON, OH 44319

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>INTERVAL BROTHERHOOD HOME</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7708012</td>
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<tr>
<td>System Type:</td>
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<tr>
<td>Number of Service Connections:</td>
<td>7</td>
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<tr>
<td>Surface Water Source:</td>
<td>No</td>
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FEES FOR YEAR 2020

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TOTAL

Pay this amount: $112.00

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: INTERVAL BROTHERHOOD HOME
Contact NAME: INTERVAL BROTHERHOOD HOME

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319747
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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### PUBLIC WATER SYSTEM LICENSE NOTICE

**2020**

| Invoice/Revenue ID: 1320886 |

---

**TROYER WATER SYSTEM**

14131 OLD STATE ROAD
MIDDLEFIELD, OH 44062

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TROYER WATER SYSTEM</th>
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<td>PWS ID:</td>
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<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>
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### FEES FOR YEAR 2020

<table>
<thead>
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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:** TROYER WATER SYSTEM

**Contact NAME:** TROYER 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: | 1320886 |
| Amount Due: | $112.00 |
| 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.

INN AT HONEY RUN
6920 COUNTY ROAD 203
MILLERSBURG, OH 44654

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: INN AT HONEY RUN
PWS ID: OH3843912
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 100
Surface Water Source: No

FEES FOR YEAR 2020

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| Pay this amount: |
| $112.00 |

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: INN AT HONEY RUN
Contact NAME: INN AT HONEY RUN

SIGNATURE OF OWNER ________________________________ DATE ________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319742
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: AKRON CANTON JELLYSTONE PARK
Contact NAME: AKRON CANTON JELLYSTONE 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: 1318714
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318714 0000011200 LFCWS 000000000 2
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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: 44 SHARP PWS
Contact NAME: BLAKENSHIP, ROSS

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318687
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.

---

BERKSHIRE HILLS MANAGEMENT LLC
9760 MAYFIELD RD
CHESTERLAND, OH 44026

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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: BERKSHIRE HILLS COUNTRY CLUB
Contact NAME: BERKSHIRE HILLS MANAGEMENT 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.

Pay to: Treasurer, 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: 1318841
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318841 0000011200 LFCWS 000000000
**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.

**BLOSSERS DARI DRIVE-INN**
P.O. BOX 55
BERLIN CENTER, OH 44401

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BLOSSERS DARI DRIVE-INN</th>
<th>PWS ID: OH5044612</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>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td><strong>Pay this amount:</strong></td>
</tr>
<tr>
<td><strong>$112.00</strong></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 Northeast District Office - DDAGW at 330-963-1200

**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:** BLOSSERS DARI DRIVE-INN

**PWS ID:** OH5044612

**Contact NAME:** BLOSSERS DARI DRIVE-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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2019
Revenue ID: 1318870
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318870 0000011200 LFCWS 0000000000 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: DELLROY DRIVE-IN RESTAURANT
Contact NAME: DELLROY DRIVE-IN 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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID: 1319279</td>
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<tr>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</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.

---

**GEauga County Bd of DD**

8200 Cedar Road
CHESTERLAND, OH 44026

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>METZENBAUM RESIDENCE</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2803812</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>30</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>
</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200**

---

**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 DETAILS**

**Due Date:** 12/31/2019

**Revenue ID:** 1320031

**Amount Due:** $112.00

**Type Code:** LFCWS

---

**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-DDAGW**
PO BOX 1049
Columbus, OH 43216-1049

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1320031 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

LOMBARD HOLDINGS
P.O. BOX 36715
CANTON, OH 44735

WATER SYSTEM INFORMATION

Name: PEACH GROVE MOBILE HOME PARK
PWS ID: OH8502812
System Type: COMMUNITY
Number of Service Connections: 27
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: PEACH GROVE MOBILE HOME PARK
Contact NAME: LOMBARD HOLDINGS

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of 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: 1320332
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320332 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

### WATER SYSTEM INFORMATION

**Name:** ROBINSON LAKESIDE RETREAT PWS

**PWS ID:** OH7836912

**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.

<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.

---

### 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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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:** ROBINSON LAKESIDE RETREAT PWS

**PWS ID:** OH7836912

**Contact NAME:** ROBINSON LAKESIDE RETREAT

**SIGNATURE OF OWNER** ___________________________ **DATE** __________

Pay to: **Treasurer, State of 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

<table>
<thead>
<tr>
<th>Revenue ID:</th>
<th>1320500</th>
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<tbody>
<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
</tbody>
</table>
| 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

**Name:**

**PWS ID:** OH6759912

**System Type:** TRANSIENT NONCOMMUNITY

**Number of Wells:** 1

**Surface Water Source:** No

**Fees for Year 2020**

<table>
<thead>
<tr>
<th>Name</th>
<th>PWS ID</th>
<th>System Type</th>
<th>Number of Wells</th>
<th>Surface Water Source</th>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC CROSSFIT</td>
<td>OH6759912</td>
<td>TRANSPORT NONCOMMUNITY</td>
<td>1</td>
<td>No</td>
<td>$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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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.

---

**Signature of Owner**

**Date**

Pay to: **Treasurer, State of 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>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1320647</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>1320647 0000011200 LFCWS 0000000000 0</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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>STICKY FINGERS SMOKE CO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1536612</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>
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</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: $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:** STICKY FINGERS SMOKE CO.

**Contact NAME:** THOMPSON, SAM

**SIGNATURE OF OWNER** ___________________________ **DATE** ___________________________

Pay to: **Treasurer, 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

Ohio EPA-DDAGW

PO BOX 1049
Columbus, OH 43216-1049

**Due Date:** 12/31/2019
**Revenue ID:** 1320685
**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.

TURKEYFOOT LANES
ATTN: ROBIN KINTY
3807 HUMMEL DRIVE
AKRON, OH 44319

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TURKEYFOOT LANES</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</tbody>
</table>

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
</tbody>
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Such as System Name, System Type, Mailing Address, and Fee Amount.
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SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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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: TURKEYFOOT LANES
Contact NAME: TURKEYFOOT LANES

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of 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: 1320902
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320902 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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- 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>
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</thead>
<tbody>
<tr>
<td>Name: FENWICK, TIM</td>
<td>CONFIRM THE WATER SYSTEM INFORMATION...</td>
<td>Pay this amount:</td>
</tr>
<tr>
<td>847 PIER DR.</td>
<td>Such as System Name, System Type, Mailing Address, and Fee Amount.</td>
<td>$112.00</td>
</tr>
<tr>
<td>SUITE 100</td>
<td>IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200</td>
<td></td>
</tr>
<tr>
<td>AKRON, OH 44307</td>
<td>Application MUST be signed and dated in the designated area below.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of Wells: 1</td>
<td></td>
</tr>
<tr>
<td></td>
<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></td>
<td>Attach 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>

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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320990 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

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.

---

**SUNDIAL MOBILE HOME PARK**  
15091 PORTAGE ST  
DOYLESTOWN, OH 44230

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUNDIAL MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8503912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>61</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:  
$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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**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:** SUNDIAL MOBILE HOME PARK  
**PWS ID:** OH8503912  
**Contact NAME:** SUNDIAL 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: | 1321288 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

Ohio EPA-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

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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.

WASHINGTONVILLE, VILLAGE OF
PO BOX 307
WASHINGTONVILLE, OH 44490-0307

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WASHINGTONVILLE VILLAGE PWS</td>
</tr>
<tr>
<td>PWS ID: OH1502812</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 366</td>
</tr>
<tr>
<td>Surface Water Source: Yes</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: $702.72</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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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: WASHINGTONVILLE VILLAGE PWS PWS ID: OH1502812
Contact NAME: WASHINGTONVILLE, 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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2019
Revenue ID: 1321651
Amount Due: $702.72
Type Code: LFCWS
Transaction ID: 

1321651 0000070272 LFCWS 000000000 8
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 NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2019
Revenue ID: 1321686
Amount Due: $792.00
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>NEWTON FALLS CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7802311</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2565</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.

| Pay this amount: | $3,796.20 |

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: NEWTON FALLS CITY

Contact NAME: NEWTON FALLS, 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-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2019
Revenue ID: 1322007
Amount Due: $3,796.20
Type Code: LFCWS
Transaction ID: 1322007 0000379620 LFCWS 000000000 5