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

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CINCINNATI PUBLIC WATER SYSTEM
Contact NAME: CINCINNATI, 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>1322254</td>
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<tr>
<td>Amount Due:</td>
<td>$184,884.44</td>
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<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.

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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: MONTGOMERY COUNTY WATER SERVICES 1 PWS
Contact NAME: MONTGOMERY COUNTY WATER SERVICES

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322251
Amount Due: $54,715.16
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

Name: DAYTON PUBLIC WATER SYSTEM
PWS ID: OH5703512
System Type: COMMUNITY
Number of Service Connections: 50291
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: $46,267.72

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

PAY FEES...

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

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

RETURN APPLICATION PROMPTLY...

Return the signed application along with 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.

Due Date: 12/31/2019
Revenue ID: 1322248
Amount Due: $46,267.72
Type Code: LFCWS
Transaction ID: 1322248 0004626772 LFCWS 0000000000

CONTACT NAME: DAYTON, CITY OF

SIGNATURE OF OWNER

DATE

DAYTON, CITY OF WATER SUPPLY AND TREATMENT
3210 CHUCK WAGNER LN
DAYTON, OH 45414

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: CLERMONT PUBLIC WATER SYSTEM
Contact NAME: STEINMETZ, JIM

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322247
Amount Due: $44,425.68
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BUTLER COUNTY BOARD OF COMMISSIONERS
130 HIGH ST
HAMILTON, OH 45011

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

PAY 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: BUTLER CO. WATER DISTRICT 2 PWS
Contact NAME: BUTLER COUNTY BOARD OF 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: 1322245
Amount Due: $42,181.36
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HAMILTON, CITY OF
5140 RIVER RD
FAIRFIELD, OH 45014

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322239
Amount Due: $26,549.60
Type Code: LFCWS

---- 1322239 0002654960 LFCWS 0000000000 7 ----
**WATER SYSTEM INFORMATION**

Name: MONTGOMERY COUNTY WATER SERVICES 2 PWS  
PWS ID: OH5701503  
System Type: COMMUNITY  
Number of Service Connections: 25411  
Surface Water Source: Yes

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>Pay this amount: $26,427.44</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

**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.

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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</thead>
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<tr>
<td>Revenue ID: 1322238</td>
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</tr>
<tr>
<td>Transaction ID: 1322238 0002642744</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.

SPRINGFIELD, CITY OF
CITY MANAGER
76 EAST HIGH STREET
SPRINGFIELD, OH 45502

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

Pay to: Treasurer, 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>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: SPRINGFIELD CITY PWS</td>
<td>TOTAL</td>
</tr>
<tr>
<td>PWS ID: OH1204412</td>
<td>Pay this amount: $25,777.40</td>
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<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 23434</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Due Date: 12/31/2019
Revenue ID: 1322237
Amount Due: $25,777.40
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

- Name: MIDDLETOWN CITY PWS
- PWS ID: OH0901712
- System Type: COMMUNITY
- Number of Service Connections: 21477
- 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:</td>
<td>$23,624.70</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...**
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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:** MIDDLETOWN CITY PWS  
**PWS ID:** OH0901712  
**Contact NAME:** MIDDLETOWN, 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: | 1322233 |
| Amount Due: | $23,624.70 |
| Type Code: | 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.

SWR WATER DISTRICT
ATTN: KENNETH HOFFMAN
3640 OLD OXFORD RD
HAMILTON, OH 45013

WATER SYSTEM INFORMATION
Name: SOUTHWEST REGIONAL WATER DISTRICT
PWS ID: OH0903912
System Type: COMMUNITY
Number of Service Connections: 16242
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: $17,866.20

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SOUTHWEST REGIONAL WATER DISTRICT
Contact NAME: SWR WATER DISTRICT

SIGNATURE OF OWNER __________________________ DATE ___________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322225
Amount Due: $17,866.20
Type Code: LFCWS
Transaction ID:
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
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IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: WESTERN WATER COMPANY
Contact NAME: WESTERN 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

<table>
<thead>
<tr>
<th>FEE S FOR YEAR 2020</th>
<th>TOTAL</th>
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<td>Pay this amount: $17,611.00</td>
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>Name: WESTERN WATER COMPANY</td>
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<tr>
<td>PWS ID: OH8300512</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 16010</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>
<td>Pay this amount: $17,611.00</td>
<td></td>
</tr>
</tbody>
</table>

Due Date: 12/31/2019
Revenue ID: 1322224
Amount Due: $17,611.00
Type Code: 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 CITY OF HUBER HEIGHTS
6131 TAYLORSVILLE ROAD
HUBER HEIGHTS, OH 45424

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>HUBER HEIGHTS PUBLIC WATER SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5703612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>15604</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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$17,164.40</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HUBER HEIGHTS PUBLIC WATER SYSTEM
Contact NAME: THE CITY OF HUBER HEIGHTS

SIGNATURE OF OWNER ___________________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322222
Amount Due: $17,164.40
Type Code: LFCWS
Transaction ID: 1322222 0001716440 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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: KINGS ISLAND PWS
Contact NAME: KINGS 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

Due Date: 12/31/2019
Revenue ID: 1322219
Amount Due: $16,820.00
Type Code: LFCWS
Transaction ID: 1322219 0001682000 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

FAIRFIELD CITY PWS

OH0900715

COMMUNITY

13682

Surface Water Source:

No

Pay this amount: $15,871.12

FEES FOR YEAR 2020

PAY FEES...

PAY FEES...

RETURN APPLICATION PROMPTLY...

Due Date: 12/31/2019

Amount Due: $15,871.12

Type Code: LFCWS

Revenue ID: 1322217

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

1322217 0001587112 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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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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: **WARREN CO. RICHARD RENNEKER PWS**  
PWS ID: **OH8301512**  
System Type: **COMMUNITY**  
Number of Service Connections: **13606**  
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>Fees for Year 2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$15,782.96</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

| Transaction ID: | 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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

FAIRBORN, CITY OF
C/O UTILITIES SUPERINTENDENT
44 W HEBBLE AVE
FAIRBORN, OH 45324

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

Pay this amount: $15,006.92

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: FAIRBORN PUBLIC WATER SYSTEM
Contact NAME: FAIRBORN, 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: 1322208
Amount Due: $15,006.92
Type Code: LFCWS
Transaction ID: 0001500692
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HIGHLAND COUNTY WATER COMPANY, INC.
PRESIDENT OF THE BOARD
6696 US ROUTE 50, P. O. BOX 940
HILLSBORO, OH 45133

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

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>HIGHLAND COUNTY WATER COMPANY, INC.</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH3600514</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>12847</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:</td>
<td>$14,902.52</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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: 1322207
Amount Due: $14,902.52
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

WARREN CO BRD OF COMM
WATER & SEWER DEPT
PO BOX 530
LEBANON, OH 45036

WATER SYSTEM INFORMATION
Name: WARREN CO. FRANKLIN AREA PWS
PWS ID: OH8301603
System Type: COMMUNITY
Number of Service Connections: 12585
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: $14,598.60

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 CO. FRANKLIN AREA PWS
Contact NAME: WARREN CO BRD OF COMM

SIGNATURE OF OWNER ____________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322206
Amount Due: $14,598.60
Type Code: LFCWS
Transaction ID: 0001459860
**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>XENIA CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2902812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>11761</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: $13,642.76

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.

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

Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

- 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:** XENIA CITY PWS  
**PWS ID:** OH2902812  
**Contact NAME:** XENIA, 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>1322204</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$13,642.76</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1322204 0001364276 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NAWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5553612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>9999</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: $13,398.66

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

---

**CONSUMPTION OF TRAINED IMPORTANT STEPS**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

**PWS NAME:** NAWA
**PWS ID:** OH5553612

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322202
Amount Due: $13,398.66
Type Code: 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:** TROY CITY PWS
- **PWS ID:** OH5501612
- **System Type:** COMMUNITY
- **Number of Service Connections:** 11164
- **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>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$12,950.24</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.

**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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

DETACH THIS 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 CITY PWS  
**PWS ID:** OH5501612

**Contact NAME:** TROY, CITY OF

**SIGNATURE OF OWNER**

---

Due Date: 12/31/2019

Revenue ID: 1322196

Amount Due: $12,950.24

Type Code: LFCWS

Transaction ID:

---

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

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

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1322196 0001295024 LFCWS 000000000 0
# 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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

---

## TATE-MONROE WATER ASSOCIATION

**GREG STANLEY**  
2599 ST RT 232  
NEW RICHMOND, OH 45157

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: TATE-MONROE WATER ASSOCIATION PWS</th>
<th>PWS ID: OH1301312</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: Community</td>
<td>Number of Service Connections: 9304</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>
</tbody>
</table>

Pay this amount: **$12,467.36**

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

### SIGN...

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

### PAY FEES...

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

### RETURN APPLICATION PROMPTLY...

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

---

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

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** TATE-MONROE WATER ASSOCIATION PWS  
**PWS ID:** OH1301312  
**Contact NAME:** TATE-MONROE 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:** 1322195  
**Amount Due:** $12,467.36  
**Type Code:** LFCWS  
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PIQUA, CITY OF
C/O FINANCE DIRECTOR
201 WEST WATER ST.
PIQUA, OH 45356

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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: PIQUA CITY PWS</th>
<th>PWS ID: OH5501211</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 9279</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>Pay this amount:</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,433.86</td>
<td></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this fee was determined 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: PIQUA CITY PWS PWS ID: OH5501211
Contact NAME: PIQUA, 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: 1322194
Amount Due: $12,433.86
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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>SIDNEY CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7501214</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>9224</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>
</table>

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

Pay this amount: **$12,360.16**

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.

---

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

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**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:** SIDNEY CITY PWS

**Contact NAME:** SIDNEY, 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>1322191</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$12,360.16</td>
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<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.

BROWN COUNTY RURAL WATER ASSOC
3818 U.S. 52
RIPLEY, OH 45167

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: BROWN COUNTY RURAL WATER</th>
<th>PWS ID: OH0802012</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 10116</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>Pay this amount: $11,734.56</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: BROWN COUNTY RURAL WATER
Contact NAME: BROWN COUNTY RURAL WATER ASSOC

SIGNATURE OF OWNER __________________________ DATE ______________

Due Date: 12/31/2019
Revenue ID: 1322182
Amount Due: $11,734.56
Type Code: LFCWS
Transaction ID: 1322182 0001173456 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SPRINGBORO PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8301412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>7800</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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- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** SPRINGBORO PWS

**PWS ID:** OH8301412

**Contact NAME:** SPRINGBORO, 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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<td>Revenue ID:</td>
<td>1322172</td>
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<tr>
<td>Amount Due:</td>
<td>$10,452.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1322172 0001045200 LFCWS 000000000 7</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.

LEBANON, CITY OF DARREN OWENS
600 W MAIN ST
LEBANON, OH 45036

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LEBANON CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8304112</td>
</tr>
<tr>
<td>System Type :</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>7660</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>Pay this amount:</td>
<td>$10,264.40</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.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**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:** LEBANON CITY  
**PWS ID:** OH8304112

Contact NAME: LEBANON, 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>1322165</td>
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<tr>
<td>Amount Due:</td>
<td>$10,264.40</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
WAGNER, JOHN B.
302 S. RIVERVIEW AVE
MIAMISBURG, OH 45342

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MIAMISBURG CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5701212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>7600</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>MIAMISBURG CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5701212</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>7600</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: $10,184.00

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: MIAMISBURG CITY PWS

Contact NAME: WAGNER, JOHN B.

Signature of Owner ___________________________ Date ____________________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019

Revenue ID: 1322161

Amount Due: $10,184.00

Type Code: 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>GREENVILLE CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1900714</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>6038</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.

Pay this amount: **$8,573.96**

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.

## 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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</table>

## SIGN...

**IMPORTANT**

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

## PAY FEES...

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- For Information on paying by Credit Card go to [http://epa.ohio.gov/](http://epa.ohio.gov/)

## RETURN APPLICATION PROMPTLY...

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

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

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

**PWS NAME:** GREENVILLE CITY PWS

**PWS ID:** OH1900714

**Contact NAME:** GREENVILLE, 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:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
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</tr>
<tr>
<td>Amount Due:</td>
<td>$8,573.96</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**

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

**BELLEFONTAINE, CITY OF**

135 N DETROIT ST

BELLEFONTAINE, OH 43311

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BELLEFONTAINE CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4600112</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>5967</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>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></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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

**IMPORTANT**

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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:** BELLEFONTAINE CITY PWS

**Contact NAME:** BELLEFONTAINE, 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>
<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>
<td>Amount Due:</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td>1322143 0000847314 LFCWS 000000000 4</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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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: URBANA CITY PWS PWS ID: OH1101212
Contact NAME: URBANA, 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: 1322131
Amount Due: $7,765.98
Type Code: LFCWS
Transaction ID: 1322131 0000776598 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 CONTENTED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

PWS NAME: INDIAN HILL CITY PWS
PWS ID: OH3101112
Contact NAME: INDIAN HILL, 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: 1322130
Amount Due: $7,675.10
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

SIGN...

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

PAYS 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: ENGLEWOOD CITY PWS

Contact NAME: ENGLEWOOD, 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: 1322125
Amount Due: $7,355.60
Type Code: LFCWS
Transaction ID: 1322125 0000735560 LFCWS 000000000 9
LOVELAND, CITY OF  
C/O CITY MANAGER  
120 WEST LOVELAND AVENUE  
LOVELAND, OH 45140

2020  PUBLIC WATER SYSTEM LICENSE NOTICE  
Invoice/Revenue ID: 1322121

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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: LOVELAND CITY PWS  
PWS ID: OH1300812  
System Type: COMMUNITY  
Number of Service Connections: 4905  
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: $7,259.40

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LOVELAND CITY PWS  
PWS ID: OH1300812
Contact NAME: LOVELAND, 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: 1322121
Amount Due: $7,259.40
Type Code: LFCWS
Transaction ID: 1322121 0000725940 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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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WILMINGTON, CITY OF
C/O SERVICE DIRECTOR
69 NORTH SOUTH STREET
WILMINGTON, OH 45177

WATER SYSTEM INFORMATION

Name: WILMINGTON CITY PWS
PWS ID: OH1401211
System Type: COMMUNITY
Number of Service Connections: 4854
Surface Water Source: Yes

Fees for Year 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$7,183.92</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WILMINGTON CITY PWS
Contact NAME: WILMINGTON, 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: 1322119
Amount Due: $7,183.92
Type Code: LFCWS
Transaction ID: 1322119 0000718392 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.

FRANKLIN, CITY OF
CITY MANAGER
202 BAXTER DR
FRANKLIN, OH 45005

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 PUBLIC WATER SYSTEM
Contact NAME: FRANKLIN, 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: 1322117
Amount Due: $7,081.80
Type Code: LFCWS
Transaction ID:
MONROE, CITY OF
233 SOUTH MAIN STREET
MONROE, OH 45050

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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>MONROE CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0902012</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>4678</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>
<tr>
<td>$6,923.44</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: MONROE CITY PWS
Contact NAME: MONROE, 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: 1322114
Amount Due: $6,923.44
Type Code: LFCWS
Transaction ID: 1322114 0000692344 LFCWS 000000000
HARRISON, CITY OF
DIRECTOR OF UTILITIES
300 GEORGE ST
HARRISON, OH 45030

WATER SYSTEM INFORMATION
Name: HARRISON CITY PWS
PWS ID: OH3100812
System Type: COMMUNITY
Number of Service Connections: 4600
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: $6,808.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 CITY PWS
Contact NAME: HARRISON, 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: 1322112
Amount Due: $6,808.00
Type Code: LFCWS
Transaction ID: 

1322112 0000680800 LFCWS 0000000000 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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

**PWS NAME:** TRENTON CITY PWS

**Contact NAME:** TRENTON, 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>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: $6,660.00</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>

---

Due Date: 12/31/2019
Revenue ID: 1322107
Amount Due: $6,660.00
Type Code: 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:** 1322105

**WARREN CO BRD OF COMM**
**WATER & SEWER DEPT**
**PO BOX 530**
**LEBANON, OH 45036**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WARREN CO. SOCIALVILLE PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8304203</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>4471</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>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$6,617.08</td>
</tr>
</tbody>
</table>

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - 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:** WARREN CO. SOCIALVILLE PWS
**PWS ID:** OH8304203
**Contact NAME:** WARREN CO BRD OF COMM

**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: | 1322105 |
| Amount Due: | $6,617.08 |
| Type Code: | LFCWS |
| Transaction ID: | 1322105 0000661708 LFCWS 0000000000 6 |

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OXFORD CITY PWS  PWS ID: OH0902312
Contact NAME: OXFORD, 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>1322103</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$6,512.00</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**

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

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>READING CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3101812</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3760</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>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: $5,564.80</td>
</tr>
</tbody>
</table>

---

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

PWS NAME: READING CITY PWS

Contact NAME: READING, 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: 1322093
Amount Due: $5,564.80
Type Code: LFCWS
Transaction ID:

---

*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.

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

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

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

**PWS NAME:** EATON PUBLIC WATER SYSTEM

**Contact NAME:** EATON, CITY OF-FC, PUBLIC WORKS DIV

**PWS ID:** OH6801612

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: EATON PUBLIC WATER SYSTEM</th>
<th>PWS ID: OH6801612</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 3700</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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

Pay this amount: $5,476.00

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**

---

Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Pay to: **Treasurer, State of Ohio**

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

**Revenue ID:** 1322088

**Amount Due:** $5,476.00

**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.

BELLBROOK, CITY OF
RYAN PASLEY
29 N WEST ST
BELLBROOK, OH 45305

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>BELLBROOK WATER WORKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2901112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3680</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

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

Pay this amount: $5,446.40

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

RETURN APPLICATION PROMPTLY...
Return the signed application along with 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: 1322086
Amount Due: $5,446.40
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.

---

**OAKWOOD, CITY OF**

**CITY MANAGER**

**30 PARK AVENUE**

**OAKWOOD, OH 45419**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OAKWOOD CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5701915</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3665</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: $5,424.20</td>
<td>Pay this amount: $5,424.20</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>Pay this amount: $5,424.20</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

**PWS NAME:** OAKWOOD CITY PWS

**PWS ID:** OH5701915

**Contact NAME:** OAKWOOD, 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: | 1322085 |
| Amount Due: | $5,424.20 |
| Type Code: | LFCWS |
| Transaction ID: | 1322085 0000542420 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...

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

   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...

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

3 PAY FEES...

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

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

4 RETURN APPLICATION PROMPTLY...

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

---

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

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

PWS NAME: CLARK COUNTY NORTHRIDGE 1 PWS

Contact NAME: CLARK COUNTY UTILITIES 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: 1322081
Amount Due: $5,347.24
Type Code: LFCWS
Transaction ID:

1322081 0000534724 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.

## PUBLIC WATER SYSTEM LICENSE NOTICE

**Date**: 2020

**Invoice/Revenue ID**: 1322072

**West Carrollton, City of**

**address**: 300 East Central Avenue

**City**: West Carrollton

**State**: OH

**ZIP Code**: 45449-1806

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>WEST CARROLLTON CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH5702812</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3400</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>Attached is a handout that 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**: $5,032.00

---

**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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For information on paying by Credit Card go 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**: WEST CARROLLTON CITY PWS

**PWS ID**: OH5702812

**Contact NAME**: WEST CARROLLTON, 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**: 1322072

**Amount Due**: $5,032.00

**Type Code**: LFCWS

**Transaction ID**: 

---

1322072 0000503200 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.

WYOMING, CITY OF
CITY MANAGER
800 OAK STREET
WYOMING, OH 45215

WATER SYSTEM INFORMATION

Name: WYOMING CITY PWS
PWS ID: OH3102212
System Type: COMMUNITY
Number of Service Connections: 3330
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: $4,928.40

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WYOMING CITY PWS
Contact NAME: WYOMING, 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: 1322069
Amount Due: $4,928.40
Type Code: LFCWS
Transaction ID: 1322069 0000492840 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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

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

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go 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>BROOKVILLE MUNICIPALITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5700203</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2405</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: $4,617.60</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.

---

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

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

**PWS NAME:** BROOKVILLE MUNICIPALITY PWS  
**PWS ID:** OH5700203

**Contact NAME:** BROOKVILLE, 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: | 1322057 |
| Amount Due: | $4,617.60 |
| 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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TROTWOOD CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5702403</td>
</tr>
<tr>
<td>System Type :</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>3097</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></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: $4,583.56

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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

PWS NAME: TROTWOOD CITY PWS

Contact NAME: TROTWOOD, 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: 1322054
Amount Due: $4,583.56
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.

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

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: CLEVES VILLAGE PWS</th>
<th>CLEVES VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH3100512</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>System Type: Community</td>
<td>2300</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>No</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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

<table>
<thead>
<tr>
<th>Pay this amount:</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,416.00</td>
<td></td>
</tr>
</tbody>
</table>

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

---

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

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

**PWS NAME:** CLEVES VILLAGE PWS

**Contact NAME:** CLEVES, 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>1322045</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$4,416.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1322045 0000441600 LFCWS 0000000000 5</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.

HILLSBORO, CITY OF
AUDITOR
130 N HIGH ST
HILLSBORO, OH 45133

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>HILLSBORO CITY</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH3600614</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2975</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>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>Pay this amount:</td>
</tr>
<tr>
<td>$4,403.00</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HILLSBORO CITY
Contact NAME: HILLSBORO, 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: 1322044
Amount Due: $4,403.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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 CARLISLE, CITY OF
SERVICE DIRECTOR
P.O. BOX 419
NEW CARLISLE, OH 45344

WATER SYSTEM INFORMATION
Name: NEW CARLISLE CITY PWS
PWS ID: OH1203312
System Type: COMMUNITY
Number of Service Connections: 2279
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: $4,375.68

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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 CARLISLE CITY PWS
Contact NAME: NEW CARLISLE, 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: 1322043
Amount Due: $4,375.68
Type Code: LFCWS
Transaction ID: 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GREENFIELD CITY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3600312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>2250</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: $4,320.00

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** GREENFIELD CITY PWS

**PWS ID:** OH3600312

**Contact NAME:** GREENFIELD, 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.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1322040 |
| Amount Due: | $4,320.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1322040 0000432000 LFCWS 000000000 4 |

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

<table>
<thead>
<tr>
<th>Name: UNION CITY PWS</th>
<th>PWS ID: OH5702512</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 2814</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
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</table>

### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $4,164.72</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

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

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

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

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

PWS NAME: UNION CITY PWS
Contact NAME: UNION, 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: 1322032
Amount Due: $4,164.72
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.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GERMANTOWN CITY PWS
Contact NAME: GERMANTOWN, 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: 1322028
Amount Due: $4,089.60
Type Code: LFCWS
Transaction ID: 1322028 0000408960 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

WATER SYSTEM INFORMATION

| Name:       | WEST MILTON VILLAGE PWS                                      |
| PWS ID:     | OH5501711                                                    |
| System Type:| COMMUNITY                                                    |
| Number of Service Connections: | 2100                                                        |
| Surface Water Source: | No                                                            |

FEES FOR YEAR 2020

| TOTAL | Pay this amount: | $4,032.00 |

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

PAY FEES...

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

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

RETURN APPLICATION PROMPTLY...

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

DETACH THIS 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 MILTON VILLAGE PWS

Contact NAME: WEST MILTON, 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: 1322024

Amount Due: $4,032.00

Type Code: LFCWS

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

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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: MILFORD CITY PWS
PWS ID: OH1301012
System Type: COMMUNITY
Number of Service Connections: 2075
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: $3,984.00

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MILFORD CITY PWS
Contact NAME: MILFORD, 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: 1322020
Amount Due: $3,984.00
Type Code: LFCWS
Transaction ID: 1322020 0000398400 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.

MOUNT ORAB, VILLAGE OF
C/O BOARD OF PUBLIC AFFAIRS
PO BOX 466
MOUNT ORAB, OH 45154

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 ORAB VILLAGE PWS
Contact NAME: MOUNT ORAB, 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.

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1322003
Amount Due: $3,760.68
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.

BATES, PATTI
YELLOW SPRINGS VILLAGE MANAGER
100 DAYTON ST
YELLOW SPRINGS, OH 45387

WATER SYSTEM INFORMATION

Name: YELLOW SPRINGS VILLAGE PWS
PWS ID: OH2903012
System Type: COMMUNITY
Number of Service Connections: 1811
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: $3,477.12

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: YELLOW SPRINGS VILLAGE PWS
Contact NAME: BATES, PATTI

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321990
Amount Due: $3,477.12
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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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>GREENE COUNTY EASTERN REGIONAL PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2906103</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>
</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:</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)

Signatures: GREENE COUNTY SANITARY ENG DEPT

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321985 |
| Amount Due: | $3,415.68 |
| Type Code: | LFCWS |
| Transaction ID: | 1321985 0000341568 LFCWS 0000000009 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CROCKETT, KITTY
1400 LYTLE RD.
WAYNESVILLE, OH 45068

WATER SYSTEM INFORMATION

Name: WAYNESVILLE VILLAGE PWS
PWS ID: OH8302012
System Type: COMMUNITY
Number of Service Connections: 1730
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: $3,321.60

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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: 1321983
Amount Due: $3,321.60
Type Code: LFCWS
Transaction ID: 1321983 0000332160 LFCWS 000000000

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.

BLANCHESTER, VILLAGE OF
BOARD OF PUBLIC AFFAIRS
ATTN: JEWELIE CASTEEL, P O BOX 158
BLANCHESTER, OH 45107

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BLANCHESTER VILLAGE PWS
Contact NAME: BLANCHESTER, 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: 1321978
Amount Due: $3,281.28
Type Code: LFCWS
Transaction ID: 1321978 0000328128 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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GEORGETOWN VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0800503</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1678</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>Pay this amount:</strong></td>
</tr>
<tr>
<td>$3,221.76</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GEORGETOWN VILLAGE PWS
Contact NAME: GEORGETOWN, 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: 1321975
Amount Due: $3,221.76
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**NEW LEBANON, VILLAGE OF**

198 SOUTH CLAYTON ROAD

NEW LEBANON, OH 45345

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: NEW LEBANON VILLAGE PWS</td>
<td>Pay this amount: $3,212.16</td>
</tr>
<tr>
<td>PWS ID: OH5701812</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 1673</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.

---

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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

**DETACH THIS 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 LEBANON VILLAGE PWS

Contact NAME: NEW LEBANON, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1321974</td>
</tr>
<tr>
<td>Amount Due: $3,212.16</td>
</tr>
<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.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or 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 COUNTY UTILITIES DEPARTMENT
3130 E MAIN ST
PO BOX 1303
SPRINGFIELD, OH 45501-1303

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: CLARK COUNTY PARK LAYNE PWS</th>
<th>PWS ID: OH1201112</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 1633</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>Pay this amount: $3,135.36</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.

---

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $3,135.36</td>
</tr>
</tbody>
</table>

---

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

PWS NAME: CLARK COUNTY PARK LAYNE PWS

Contact NAME: CLARK COUNTY UTILITIES 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: 1321967

Amount Due: $3,135.36

Type Code: LFCWS

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

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JEFFERSON REGIONAL WATER AUTHORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5703012</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1527</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>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>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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** JEFFERSON REGIONAL WATER AUTHORITY  
**PWS ID:** OH5703012

**Contact NAME:** JEFFERSON REGIONAL WATER 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: | 1321959 |
| Amount Due: | $2,931.84 |
| Type Code: | LFCWS |
| Transaction ID: | 1321959 0000293184 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.

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

RETURN APPLICATION PROMPTLY...
Return the signed application along with 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: 1321948
Amount Due: $2,816.00
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

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

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

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

---

**HONDA-ANNA ENGINE PLANT**  
**KYLE STECHSCHULTE/ENVIRONMENTAL DEPT**  
**12500 MERANDA ROAD**  
**ANNA, OH 45302-9699**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th align="right">Name:</th>
<th align="right">HONDA - ANNA ENGINE PLANT</th>
</tr>
</thead>
<tbody>
<tr>
<td align="right">PWS ID:</td>
<td align="right">OH7537812</td>
</tr>
<tr>
<td align="right">System Type:</td>
<td align="right">NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td align="right">Population Served:</td>
<td align="right">3400</td>
</tr>
<tr>
<td align="right">Surface Water Source:</td>
<td align="right">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: | $2,816.00 |

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

---

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

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

**PWS NAME:** HONDA - ANNA ENGINE PLANT  
**PWS ID:** OH7537812  
**Contact NAME:** HONDA-ANNA ENGINE PLANT

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

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

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

---

**Due Date:** 12/31/2019  
**Revenue ID:** 1321950  
**Amount Due:** $2,816.00  
**Type Code:** LFCWS  
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

GRANDVIEW MEDICAL CENTER
405 W GRAND AVE
DAYTON, OH 45405

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GRANDVIEW MEDICAL CENTER PWS
Contact NAME: GRANDVIEW 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.

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

| Due Date:     | 12/31/2019 |
| Revenue ID:   | 1321949    |
| Amount Due:   | $2,816.00  |
| Type Code:    | LFCWS      |
| Transaction ID: |           |

1321949 0000281600 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.

HONDA OF AMERICA MFG INC
24000 HONDA PARKWAY
MARYSVILLE, OH 43040

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HONDA EAST LIBERTY WTP
Contact NAME: HONDA OF AMERICA MFG INC

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

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

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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**

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<thead>
<tr>
<th>Name:</th>
</tr>
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<tbody>
<tr>
<td>MIAMI CO-CAMP TROY PWS</td>
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<table>
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<tr>
<th>PWS ID:</th>
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<tbody>
<tr>
<td>OH5502503</td>
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<table>
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<tr>
<th>System Type:</th>
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<tr>
<td>COMMUNITY</td>
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<table>
<thead>
<tr>
<th>Number of Service Connections:</th>
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<td>1460</td>
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<table>
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<tr>
<th>Surface Water Source:</th>
</tr>
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<tbody>
<tr>
<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>
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</thead>
<tbody>
<tr>
<td>$2,803.20</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** MIAMI CO-CAMP TROY PWS

**Contact NAME:** MIAMI COUNTY BOARD OF 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321947</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$2,803.20</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LOCKLAND VILLAGE PWS
Contact NAME: LOCKLAND, 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: 1321938
Amount Due: $2,688.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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: | LAKENGREN WATER AUTHORITY |
| PWS ID: | OH6800712 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 1393 |
| 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: | $2,674.56 |
| 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

**PWS NAME:** LAKENGREN WATER AUTHORITY

**Contact NAME:** LAKENGREN WATER AUTHORITY

**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: | 1321936 |
| Amount Due: | $2,674.56 |
| Type Code: | LFCWS |
| Transaction ID: | 1321936 0000267456 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.

ENON, VILLAGE OF
VILLAGE ADMINISTRATOR
P O BOX 232
ENON, OH 45323

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ENON, VILLAGE OF PWS PWS ID: OH1201812
Contact NAME: ENON, 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: 1321925
Amount Due: $2,494.08
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

BETHEL, VILLAGE OF
VILLAGE OF BETHEL UTILITIES
120 N. MAIN STREET
BETHEL, OH 45106

WATER SYSTEM INFORMATION

Name: BETHEL VILLAGE PWS
PWS ID: OH1300116
System Type: COMMUNITY
Number of Service Connections: 1278
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area 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: $2,453.76

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

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BETHEL VILLAGE PWS
Contact NAME: BETHEL, 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: 1321924
Amount Due: $2,453.76
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

VERSAILLES, VILLAGE OF
177 NORTH CENTER STREET
PO BOX 288
VERSAILLES, OH 45380-0208

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: VERSAILLES VILLAGE PWS
PWS ID: OH1901312
System Type: COMMUNITY
Number of Service Connections: 1242
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: VERSAILLES VILLAGE PWS
Contact NAME: VERSAILLES, 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: 1321917
Amount Due: $2,384.64
Type Code: LFCWS
Transaction ID: 1321917 0000238464 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.

SOUTH LEBANON, VILLAGE OF
FISCAL OFFICER
10 N HIGH ST
SOUTH LEBANON, OH 45065

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SOUTH LEBANON VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8301312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>1203</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: $2,309.76

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.

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 LEBANON VILLAGE PWS
Contact NAME: SOUTH LEBANON, 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: 1321913
Amount Due: $2,309.76
Type Code: LFCWS
Transaction ID: 1321913 0000230976 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GLENDALE VILLAGE PWS
Contact NAME: GLENDALE, 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: 1321912
Amount Due: $2,304.00
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 EXPENSION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 MIAMI VILLAGE PWS
Contact NAME: RICKETTS, BELINDA

SIGNATURE OF OWNER ___________________________ DATE __________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321906
Amount Due: $2,208.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SABINA VILLAGE PWS
Contact NAME: SABINA, 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: 1321905
Amount Due: $2,200.32
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.

MORROW VILLAGE PWS
VILLAGE ADMINISTRATOR
150 PIKE STREET
MORROW, OH 45152

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MORROW VILLAGE PWS</th>
<th>PWS ID: OH8300912</th>
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</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 1136</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: $2,181.12</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>

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

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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<tbody>
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<td>Revenue ID: 1321903</td>
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<tr>
<td>Amount Due: $2,181.12</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1321898

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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: COVINGTON VILLAGE PWS</th>
<th>Number of Service Connections: 1100</th>
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</thead>
<tbody>
<tr>
<td>PWS ID: OH5500112</td>
<td>Surface Water Source: No</td>
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<tr>
<td>System Type: COMMUNITY</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>$2,112.00</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

**PWS NAME:** COVINGTON VILLAGE PWS  
**PWS ID:** OH5500112

**Contact NAME:** COVINGTON, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1321898</td>
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<tr>
<td>Amount Due: $2,112.00</td>
</tr>
<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
</tr>
</tbody>
</table>

1321898 0000211200 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.

WILLIAMSBURG, VILLAGE OF
VILLAGE ADMINISTRATOR
107 WEST MAIN STREET
WILLIAMSBURG, OH 45176

WATER SYSTEM INFORMATION

Name: WILLIAMSBURG VILLAGE PWS
PWS ID: OH1301411
System Type: COMMUNITY
Number of Service Connections: 1086
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: $2,085.12

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WILLIAMSBURG VILLAGE PWS
Contact NAME: WILLIAMSBURG, 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: 1321896
Amount Due: $2,085.12
Type Code: LFCWS
Transaction ID: 1321896 0000208512 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

TREASURER, STATE OF OHIO
PO BOX 77005
Cleveland, OH 44194-7005

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

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

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

SIGNATURE OF OWNER __________________________________________ DATE ________________

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

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

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ARCANUM VILLAGE PWS
Contact NAME: ARCANUM, 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: 1321892
Amount Due: $2,027.52
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.

NEW RICHMOND, VILLAGE OF
VILLAGE ADMINISTRATOR
102 WILLOW ST
NEW RICHMOND, OH 45157

WATER SYSTEM INFORMATION

| Name:  | NEW RICHMOND VILLAGE PWS |
| PWS ID: | OH1301212 |
| System Type : | COMMUNITY |
| Number of Service Connections: | 970 |
| 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: | $1,862.40 |

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

RETURN APPLICATION PROMPTLY...
Return the signed application along with 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

Date: 12/31/2019
Revenue ID: 1321877
Amount Due: $1,862.40
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.

---

JAMESTOWN, VILLAGE OF
BOARD OF PUBLIC AFFAIRS
P.O. BOX 148
JAMESTOWN, OH 45335

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>JAMESTOWN VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2901712</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>950</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

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

Pay this amount: $1,824.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: JAMESTOWN VILLAGE PWS
Contact NAME: JAMESTOWN, 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: | 1321875 |
| Amount Due: | $1,824.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321875 0000182400 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

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>RIPLEY VILLAGE PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0801112</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>878</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

PAY FEES...

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

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: |
| $1,685.76 |

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.

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

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

PWS NAME: RIPLEY VILLAGE PWS

Contact NAME: RIPLEY, 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: 1321862
Amount Due: $1,685.76
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CAMDEN, VILLAGE OF
Contact NAME: CAMDEN, 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: 1321856
Amount Due: $1,622.40
Type Code: LFCWS
Transaction ID: 1321856 0000162240 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.

BRADFORD, VILLAGE OF
C/O VILLAGE ADMINISTRATOR
115 N MIAMI AVE
BRADFORD, OH 45308

WATER SYSTEM INFORMATION
Name: BRADFORD VILLAGE PWS
PWS ID: OH1900212
System Type: COMMUNITY
Number of Service Connections: 820
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BRADFORD VILLAGE PWS
Contact NAME: BRADFORD, 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: 1321848
Amount Due: $1,574.40
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

PWS NAME: LEWISBURG VILLAGE PWS  
Contact NAME: LEWISBURG, 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: | 1321844 |
| Amount Due: | $1,539.84 |
| 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.**

---

**SAINT PARIS, VILLAGE OF**
**VILLAGE ADMINISTRATOR**
**PO BOX 572**
**SAINT PARIS, OH 43072**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SAINT PARIS VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1100912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>760</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>Pay this amount:</td>
</tr>
<tr>
<td></td>
<td>$1,459.20</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.

---

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - *IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357*

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

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

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

---

**DETACH THIS 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 PARIS VILLAGE PWS  
**PWS ID:** OH1100912

**Contact NAME:** SAINT PARIS, 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>1321836</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$1,459.20</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1321836 0000145920 LFCWS 0000000000 1</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

NORTH LEWISBURG, VILLAGE OF
VILLAGE ADMINISTRATOR
PO BOX 243
NORTH LEWISBURG, OH 43060

WATER SYSTEM INFORMATION

Name: NORTH LEWISBURG VILLAGE PWS
PWS ID: OH1100812
System Type: COMMUNITY
Number of Service Connections: 750
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: $1,440.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 LEWISBURG VILLAGE PWS
Contact NAME: NORTH LEWISBURG, 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

Revenue ID: 1321832
Type Code: LFCWS
Transaction ID: 

Due Date: 12/31/2019
Amount Due: $1,440.00

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

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

WEST LIBERTY, VILLAGE OF
BOARD OF PUBLIC AFFAIRS
P O BOX 187
WEST LIBERTY, OH 43357

WATER SYSTEM INFORMATION

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<thead>
<tr>
<th>Name:</th>
<th>WEST LIBERTY VILLAGE PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4602412</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>741</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: | $1,422.72 |

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

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DETACH THIS 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 LIBERTY VILLAGE PWS
Contact NAME: WEST LIBERTY, 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: 1321828
Amount Due: $1,422.72
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.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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>
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</thead>
<tbody>
<tr>
<td>Name: WAYNOKA REGIONAL WATER AND SEWER DIST</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH0800811</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
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<tr>
<td>Number of Service Connections: 740</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
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</table>

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

Attached is a handout that 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: $1,420.80

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WAYNOKA REGIONAL WATER AND SEWER DIST PWS ID: OH0800811
Contact NAME: WAYNOKA REGIONAL WATER & SEWER DISTRI

SIGNATURE OF OWNER ___________________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321827
Amount Due: $1,420.80
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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

DAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: SOUTH CHARLESTON VILLAGE PWS
Contact NAME: SOUTH CHARLESTON, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ________________

Due Date: 12/31/2019
Revenue ID: 1321825
Amount Due: $1,401.60
Type Code: LFCWS
Transaction ID: 1321825 0000140160 LFCWS 000000000 2
FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FORT LORAMIE, VILLAGE OF PWS
Contact NAME: FORT LORAMIE, 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>Name: FORT LORAMIE, VILLAGE OF PWS</th>
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<tr>
<td>PWS ID: OH7500312</td>
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<tr>
<td>System Type: COMMUNITY</td>
<td></td>
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<tr>
<td>Number of Service Connections: 682</td>
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<td>Surface Water Source: No</td>
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<tr>
<td>Pay this amount: $1,309.44</td>
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Due Date: 12/31/2019
Revenue ID: 1321814
Amount Due: $1,309.44
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.

NEW PARIS, VILLAGE OF
301 WEST CHERRY STREET
P.O. BOX 147
NEW PARIS, OH 45347

WATER SYSTEM INFORMATION
Name: NEW PARIS VILLAGE PWS
PWS ID: OH6800912
System Type: COMMUNITY
Number of Service Connections: 680
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: $1,305.60

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 PARIS VILLAGE PWS
Contact NAME: NEW PARIS, 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: 1321812
Amount Due: $1,305.60
Type Code: LFCWS
Transaction ID: 1321812 0000130560 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

WEST ALEXANDRIA, VILLAGE OF
P. O. BOX 265
WEST ALEXANDRIA, OH 45381

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WEST ALEXANDRIA, VILLAGE OF</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6801312</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>680</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 ALEXANDRIA, VILLAGE OF
Contact NAME: WEST ALEXANDRIA, VILLAGE OF

SIGNATURE OF OWNER ______________________ DATE ___________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321813
Amount Due: $1,305.60
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.

**WATER SYSTEM INFORMATION**

| Name: | HONDA TRANSMISSION MANUFACTURING OF AMER |
| PWS ID: | OH4642712 |
| System Type: | NONCOMMUNITY NONTRANSIENT |
| Population Served: | 1600 |
| 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>$1,268.00</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the 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:** HONDA TRANSMISSION MANUFACTURING OF AMER
**PWS ID:** OH4642712
**Contact NAME:** HONDA TRANSMISSION MFG OF AMERICA 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: | 1321798 |
| Amount Due: | $1,268.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 ‐ PREBLE COUNTY

**Contact NAME:** AQUA OHIO ‐ PREBLE

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

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

WRIGHT PATTERSON MEDICAL CENTER
4881 SUGAR MAPLE DR
WPAFB, OH 45433

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: WRIGHT PATTERSON MEDICAL CENTER PWS
PWS ID: OH2958713
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 2401
Surface Water Source: No

FEES FOR YEAR 2020

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

| Pay this amount: | $1,268.00 |

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: WRIGHT PATTERSON MEDICAL CENTER PWS
Contact NAME: WRIGHT PATTERSON 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: 1321804
Amount Due: $1,268.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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: LYNCHBURG VILLAGE PWS</th>
<th>LYNCHBURG VILLAGE OF VILLAGE ADMINISTRATOR-ASHLEY CAMPBELL</th>
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<tbody>
<tr>
<td>PWS ID: OH3600915</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<td>Surface Water Source: No</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.

Attached is a handout that 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: $1,255.68

---

**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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

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

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

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

---

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

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

**PWS NAME:** LYNCHBURG VILLAGE PWS

**Contact NAME:** LYNCHBURG, 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>
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<th>Pay to: <strong>Treasurer, State of Ohio</strong>. Please write the <strong>Revenue ID</strong> on your check.</th>
<th>1321792 0000125568 LFCWS 000000000 4</th>
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</tr>
<tr>
<td>Pay to: <strong>Treasurer, State of Ohio</strong>. Please write the <strong>Revenue ID</strong> on your check.</td>
<td>1321792 0000125568 LFCWS 000000000 4</td>
</tr>
<tr>
<td>Pay to: <strong>Treasurer, State of Ohio</strong>. Please write the <strong>Revenue ID</strong> on your check.</td>
<td>1321792 0000125568 LFCWS 000000000 4</td>
</tr>
<tr>
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<td>1321792 0000125568 LFCWS 000000000 4</td>
</tr>
<tr>
<td>Pay to: <strong>Treasurer, State of Ohio</strong>. Please write the <strong>Revenue ID</strong> on your check.</td>
<td>1321792 0000125568 LFCWS 000000000 4</td>
</tr>
<tr>
<td>Pay to: <strong>Treasurer, State of Ohio</strong>. Please write the <strong>Revenue ID</strong> on your check.</td>
<td>1321792 0000125568 LFCWS 000000000 4</td>
</tr>
<tr>
<td>Pay to: <strong>Treasurer, State of Ohio</strong>. Please write the <strong>Revenue ID</strong> on your check.</td>
<td>1321792 0000125568 LFCWS 000000000 4</td>
</tr>
</tbody>
</table>

| Due Date: 12/31/2019 | Revenue ID: 1321792 |
| Amount Due: $1,255.68 | 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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

JACKSON CENTER, VILLAGE OF
VILLAGE ADMINISTRATOR
PO BOX 819
JACKSON CENTER, OH 45334

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: JACKSON CENTER VILLAGE PWS</th>
<th>OH7500512</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>System Type:</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>649</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: $1,246.08</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.

PAYMENT INSTRUCTIONS

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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321788</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$1,246.08</td>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

| Name: | ANNA | PWS ID: | OH7500012 | System Type: | COMMUNITY | Number of Service Connections: | 643 |
| Surface Water Source: | No |

**FEES FOR YEAR 2020**

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

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

Pay this amount: **$1,234.56**

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

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** ANNA  
**PWS ID:** OH7500012  
**Contact NAME:** ANNA, 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: | 1321786 |
| Amount Due: | $1,234.56 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

---

CLARK COUNTY UTILITIES DEPARTMENT
3130 E MAIN ST
PO BOX 1303
SPRINGFIELD, OH 45501-1303

---

WATER SYSTEM INFORMATION

| Name:       | CLARK COUNTY GREEN MEADOWS 2 PWS |
| PWS ID:     | OH1200703                          |
| System Type | COMMUNITY                          |
| Number of Service Connections: | 1272                                |
| 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: $1,221.12 |

---

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

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

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

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

---

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CLARK COUNTY GREEN MEADOWS 2 PWS
Contact NAME: CLARK COUNTY UTILITIES 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: 1321784
Amount Due: $1,221.12
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.

BATAVIA, VILLAGE OF
VILLAGE ADMINISTRATOR
65 N SECOND ST
BATAVIA, OH 45103

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: BATAVIA VILLAGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH1300011</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 607</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Pay this amount: $1,165.44

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BATAVIA VILLAGE PWS
Contact NAME: BATAVIA, 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: 1321772
Amount Due: $1,165.44
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.

MECHANICSBURG, VILLAGE OF
UTILITY DEPARTMENT
18 N MAIN STREET
MECHANICSBURG, OH 43044

WATER SYSTEM INFORMATION

Name: MECHANICSBURG VILLAGE PWS
PWS ID: OH1100712
System Type: COMMUNITY
Number of Service Connections: 605
Surface Water Source: No

Fees for Year 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td><strong>Pay this amount:</strong> $1,161.60</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

PAY 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: MECHANICSBURG VILLAGE PWS
Contact NAME: MECHANICSBURG, 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: 1321770
Amount Due: $1,161.60
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.

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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.

LAKEVIEW, VILLAGE OF
126 MAIN
PO BOX 197
LAKEVIEW, OH 43331

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

PWS NAME: LAKEVIEW VILLAGE PWS
Contact NAME: LAKEVIEW, 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: 1321769
Amount Due: $1,152.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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 VIENNA, VILLAGE OF
P. O. BOX 323
NEW VIENNA, OH 45159

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

DETACH THIS 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 VIENNA VILLAGE
Contact NAME: NEW VIENNA, 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: 1321765
Amount Due: $1,113.60
Type Code: LFCWS
Transaction ID: LFCWS
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**DEGRAFF, VILLAGE OF**
**C/O BOARD OF PUBLIC AFFAIRS**
**107 S. MAIN STREET**
**DEGRAFF, OH 43318**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DEGRAFF VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4600512</td>
</tr>
<tr>
<td>System Type</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>568</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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

Pay this amount:

$1,090.56

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
     - 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: DEGRAFF VILLAGE PWS

Contact NAME: DEGRAFF, VILLAGE OF

SIGNATURE OF OWNER ___________________________ DATE ____________

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321763</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$1,090.56</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.**

---

**FELICITY, VILLAGE OF C/O BOARD OF PUBLIC AFFAIRS**  
PO BOX 613  
FELICITY, OH 45120

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   **IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

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

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   - Make check or money order payable to:
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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: | FELICITY VILLAGE PWS |
| PWS ID: | OH1300612 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 566 |
| 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 is a handout that 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>
<tr>
<td></td>
<td>$1,086.72</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:** FELICITY VILLAGE PWS  
**PWS ID:** OH1300612  
**Contact NAME:** FELICITY, 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: | 1321761 |
| Amount Due: | $1,086.72 |
| 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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BOTKINS VILLAGE PWS
Contact NAME: BOTKINS,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: 1321757
Amount Due: $1,075.20
Type Code: LFCWS
Transaction ID: 1321757 0000107520 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 HILL VILLAGE PWS
Contact NAME: PLEASANT HILL, 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: 1321754
Amount Due: $1,065.60
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.

---

**Union City, Village of**
**Village Administrator**
**419 East Elm Street**
**Union City, OH 45390**

**WATER SYSTEM INFORMATION**

- **Name:** Union City Village PWS
- **PWS ID:** OH1901212
- **System Type:** Community
- **Number of Service Connections:** 550
- **Surface Water Source:** No

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Name</th>
<th>UNION CITY VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH1901212</td>
</tr>
<tr>
<td>System Type</td>
<td>Community</td>
</tr>
<tr>
<td>Number of Service Connections</td>
<td>550</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**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:** UNION CITY VILLAGE PWS
- **PWS ID:** OH1901212
- **Contact NAME:** UNION CITY, 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:** 1321753
**Amount Due:** $1,056.00
**Type Code:** LFCWS
**Transaction ID:**
AMERICAN WATER OPERATIONS AND MAINT. LLC
PO BOX 33651
WRIGHT PATTERSON AFB, OH 45433

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>WRIGHT-PATTERSON AFB AREA B PWS</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH2903312</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>545</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: $1,046.40</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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-PATTERSON AFB AREA B PWS
Contact NAME: AMERICAN WATER OPERATIONS AND MAINT. LLC

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>Due Date</td>
<td>12/31/2019</td>
</tr>
<tr>
<td>Revenue ID</td>
<td>1321750</td>
</tr>
<tr>
<td>Amount Due</td>
<td>$1,046.40</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.

---

LEESBURG, VILLAGE OF
57 SOUTH FAIRFIELD STREET
PO BOX 305
LEESBURG, OH 45135

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: LEESBURG VILLAGE
Contact NAME: LEESBURG, 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: 1321746
Amount Due: $1,027.20
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>FEES FOR YEAR 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: HAMERSVILLE VILLAGE PWS</td>
<td>TOTAL</td>
</tr>
<tr>
<td>PWS ID: OH0800603</td>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td>PAY THIS AMOUNT: <strong>$1,017.60</strong></td>
</tr>
<tr>
<td>Number of Service Connections: 530</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>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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

PAY FEES...

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

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

RETURN APPLICATION PROMPTLY...

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HAMERSVILLE VILLAGE PWS
Contact NAME: HAMERSVILLE, 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: 1321744
Amount Due: $1,017.60
Type Code: LFCWS
Transaction ID:

1321744 0000101760 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

**3.** PAY FEES...
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: CARLISLE CITY PWS</th>
<th>PWS ID: OH8303803</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 519</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>Pay this amount:</th>
<th>$996.48</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>
<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:** CARLISLE CITY PWS  
**PWS ID:** OH8303803  
**Contact NAME:** CARLISLE, 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:** 1321738  
**Amount Due:** $996.48  
**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.

OAKWOOD VILLAGE
SUN COMMUNITIES, INC.
27777 FRANKLIN RD STE 200
SOUTHFIELD, MI 48034

WATER SYSTEM INFORMATION
Name: OAKWOOD VILLAGE MHP
PWS ID: OH5703715
System Type: COMMUNITY
Number of Service Connections: 511
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: $981.12

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OAKWOOD VILLAGE MHP
Contact NAME: OAKWOOD 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: 1321733
Amount Due: $981.12
Type Code: LFCWS
Transaction ID: 1321733 0000098112 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:** RIPLEY-UNION RURAL WATER PWS
- **PWS ID:** OH0801203
- **System Type:** COMMUNITY
- **Number of Service Connections:** 499
- **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: **$958.08**

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.

---

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

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - If this information is incorrect contact Southwest District Office-DDAGW at 937-285-6357

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

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

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

---

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

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

**PWS NAME:** RIPLEY-UNION RURAL WATER PWS

**Contact NAME:** RIPLEY-UNION RURAL WATER 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

<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>
<td>Amount Due:</td>
<td>$958.08</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

DETACH THIS 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 MADISON VILLAGE PWS

Contact NAME: NEW MADISON, 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: 1321717
Amount Due: $931.20
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

1 CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ANSONIA VILLAGE PWS
PWS ID: OH1900012
Contact NAME: ANSONIA, 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: 1321713
Amount Due: $921.60
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.

AMERICAN WATER OPERATIONS AND MAINT. LLC
PO BOX 33651
WRIGHT PATTERSON AFB, OH 45433

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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-PATTERSON AFB AREA A PWS
Contact NAME: AMERICAN WATER OPERATIONS AND MAINT. 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: 1321712
Amount Due: $919.68
Type Code: LFCWS
Transaction ID:

1321712 0000091968 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

PAY FEES...

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

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

RETURN APPLICATION PROMPTLY...

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

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

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

PWS NAME: CATALINA MOBILE HOME PARK

Contact NAME: UMH OH CATALINA, 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: 1321706
Amount Due: $887.04
Type Code: LFCWS
Transaction ID:

1321706 0000088704 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.**

---

**GRATIS, VILLAGE OF P.O. BOX 574 GRATIS, OH 45330**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GRATIS VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6800612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>430</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td><strong>$825.60</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** GRATIS VILLAGE PWS

**PWS ID:** OH6800612

**Contact NAME:** GRATIS, VILLAGE OF

---

**SIGNATURE OF OWNER**

---

Due Date: 12/31/2019

Revenue ID: 1321693

Amount Due: $825.60

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.

---

SARDINIA, VILLAGE OF  
PO BOX 27  
SARDINIA, OH 45171

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: SARDINIA VILLAGE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH0801511</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 424</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.

Congrats on your fee calculation! Here’s a handout showing how this information was used to determine the fee.

### FEES FOR YEAR 2020

- **Pay this amount:** $814.08

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - 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:** SARDINIA VILLAGE PWS  
**PWS ID:** OH0801511

**Contact NAME:** SARDINIA, 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>1321691</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$814.08</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.

FARMERSVILLE, VILLAGE OF
117 E. WALNUT STREET
FARMERSVILLE, OH 45325

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

FARMERSVILLE VILLAGE PWS
OH5700912
COMMUNITY
419
No

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

Attended a handout that 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: $804.48

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FARMERSVILLE VILLAGE PWS
PWS ID: OH5700912
Contact NAME: FARMERSVILLE, 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: 1321688
Amount Due: $804.48
Type Code: LFCWS
Transaction ID:
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: ADDYSTON VILLAGE PWS</th>
<th>OH3100012</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>System Type :</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>380</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></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: **$729.60**

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

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** ADDYSTON VILLAGE PWS

**Contact NAME:** ADDYSTON, 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:** 1321662

**Amount Due:** $729.60

**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.

BELLE CENTER, VILLAGE OF
C/O VILLAGE COUNCIL
PO BOX 508
BELLE CENTER, OH 43310

2020 PUBLIC WATER SYSTEM LICENSE NOTICE
Invoice/Revenue ID: 1321660

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 CENTER VILLAGE PWS
Contact NAME: BELLE CENTER, 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: 1321660
Amount Due: $725.76
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 COUNTY - DAY
Contact NAME: GREENE 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: 1321648
Amount Due: $687.36
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

Fairway Terrace MHP
C/O Jerry McMahen, Owner
12250 Lower Valley Pike
Medway, OH 45341

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: FAIRWAY TERRACE MHP PWS</th>
<th>PWS ID: OH1202312</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: Community</td>
<td>Number of Service Connections: 351</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: $673.92 |

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

PAY FEES...

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

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

RETURN APPLICATION PROMPTLY...

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

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

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

PWS NAME: FAIRWAY TERRACE MHP PWS
Contact NAME: FAIRWAY TERRACE 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: 1321643 |
| Amount Due: $673.92 |
| 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIEVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WARREN CO. PENNYROYAL AREA PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8301803</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>347</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>
<th>Pay this amount: $666.24</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

DETACH THIS 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 CO. PENNYROYAL AREA PWS

Contact NAME: WARREN CO BRD OF COMM

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<tr>
<td>Amount Due:</td>
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<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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PERKINS, DAVID A.
88 CEG/CL
5151 WRIGHT AVE
WRIGHT PATTERSON AFB, OH 45433

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WRIGHT FIELD CHILD DEVELOPMENT CENTER</td>
<td>Pay this amount: $628.00</td>
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<tr>
<td>PWS ID: OH2958715</td>
<td></td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td></td>
</tr>
<tr>
<td>Population Served: 888</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></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.

Attached is a handout that 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: WRIGHT FIELD CHILD DEVELOPMENT CENTER
Contact NAME: PERKINS, DAVID 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

Due Date: 12/31/2019
Revenue ID: 1321628
Amount Due: $628.00
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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

PILOT TRAVEL CENTERS LLC
5508 LONAS ROAD
PO BOX 10146
KNOXVILLE, TN 37939-0146

WATER SYSTEM INFORMATION
Name: PILOT CORPORATION - EATON 286
PWS ID: OH6835312
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 955
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: $628.00

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: PILOT CORPORATION - EATON 286
Contact NAME: PILOT TRAVEL CENTERS 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: 1321624
Amount Due: $628.00
Type Code: LFCWS
Transaction ID: 1321624 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.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: TRAVEL CENTERS OF AMERICA 11 PWS
PWS ID: OH6832712
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 990
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: $628.00

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

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321626
Amount Due: $628.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: YOUNGS JERSEY DAIRY PWS
Contact NAME: YOUNGS JERSEY DAIRY

SIGNATURE OF OWNER ______________________ DATE ____________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1321629
Amount Due: $628.00
Type Code: LFCWS
Transaction ID:
**2020  PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID:** 1321611

- No person shall operate or maintain a public water system in the state of Ohio without a public water system license.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the Director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.
- This is the only invoice your water system will receive.

**GREENE COUNTY SANITARY ENG DEPT**  
667 DAYTON-XENIA RD  
XENIA, OH 45385

**WATER SYSTEM INFORMATION**

| Name: | GREENE CO.-SOUTHWEST REG WATER |
| PWS ID: | OH2903912 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 325 |
| 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>

Attached is a handout that 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:  
$624.00

**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 Southwest District Office - DDAGW at 937-285-6357*

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

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - 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:** GREENE CO.-SOUTHWEST REG WATER  
**PWS ID:** OH2903912

**Contact NAME:** GREENE 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:** 1321611  
**Amount Due:** $624.00  
**Type Code:** LFCWS  
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 MILE VILLAGE PWS
Contact NAME: SEVEN MILE, 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: 1321608
Amount Due: $614.40
Type Code: LFCWS
Transaction ID: 1321608 0000061440 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: WEST MANSFIELD VILLAGE PWS |
| PWS ID: OH4602512 |
| System Type: COMMUNITY |
| Number of Service Connections: 320 |
| Surface Water Source: No |

**FEES FOR YEAR 2020**

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

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

**TOTAL**

Pay this amount: **$614.40**

**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/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

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

---

DETACH THIS 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 MANSFIELD VILLAGE PWS  
Contact NAME: WEST MANSFIELD, 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: 1321609  
Amount Due: $614.40  
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

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

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: VILLAGE OF RUSSIA PWS
Contact NAME: RUSSIA, 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: 1321561
Amount Due: $520.32
Type Code: LFCWS
Transaction ID:
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.

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

If there are any changes to the owner name, address, or water system information contained on this application, contact 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 Southwest District Office - DDAGW at 937-285-6357

2. Sign...
   Application must be signed and dated in the designated area below.

3. Pay fees...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: Treasurer State of Ohio
   - For information on paying by credit card go 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: Eldorado, Village Of
PWS ID: OH6800512
System Type: Community
Number of Service Connections: 260
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: $499.20</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.

---

Signature of Owner

Date

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

Ohio EPA
PO Box 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321554
Amount Due: $499.20
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.

PHILLIPSBURG, VILLAGE OF BOARD OF PUBLIC AFFAIRS
PO BOX 172
PHILLIPSBURG, OH 45354

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: PHILLIPSBURG VILLAGE PWS</td>
</tr>
<tr>
<td>PWS ID: OH5702112</td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections: 259</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: $497.28</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: PHILLIPSBURG VILLAGE PWS
Contact NAME: PHILLIPSBURG, 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: 1321553
Amount Due: $497.28
Type Code: LFCWS
Transaction ID: 1321553 0000049728 LFCWS 0000000000 6
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.

CHRISTIANSBURG, VILLAGE OF
C/O BOARD OF PUBLIC AFFAIRS
BOX 115
CHRISTIANSBURG, OH 45389

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHRISTIANSBURG VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1100112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>255</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: $489.60

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW - Public Water System License to Operate (LFCWS)
PWS NAME: CHRISTIANSBURG VILLAGE PWS
Contact NAME: CHRISTIANSBURG, 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: 1321550
Amount Due: $489.60
Type Code: LFCWS
Transaction ID: 1321550 0000048960 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.

---

### PUBLIC WATER SYSTEM LICENSE NOTICE

**2020**  
**Invoice/Revenue ID:** 1321547

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**RUSHSYLVANIA, VILLAGE OF**  
C/O BOARD OF PUBLIC AFFAIRS  
BOX 204  
RUSHSYLVANIA, OH 43347

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>RUSHSYLVANIA VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4602112</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>No. Service Connections:</td>
<td>250</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>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:  
**$480.00**

---

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

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

---

**SIGN...**

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

---

**PAY FEES...**

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

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

---

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

PWS NAME: RUSHSYLVANIA VILLAGE PWS  
PWS ID: OH4602112

Contact NAME: RUSHSYLVANIA, 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:** 1321547  
**Amount Due:** $480.00  
**Type Code:** LFCWS

---

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

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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: OTTERBEIN-LEBANON RETREAT CENTER  
PWS ID: OH8301112  
System Type: COMMUNITY  
Number of Service Connections: 242  
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: **$464.64**

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.

**IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go 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: OTTERBEIN-LEBANON RETREAT CENTER  
Contact NAME: OTTERBEIN-LEBANON RETIREMENT COMM.

SIGNATURE OF OWNER ____________________________ DATE ____________

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1321537  
Amount Due: $464.64  
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

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CONFIRM THE WATER SYSTEM INFORMATION...</td>
</tr>
<tr>
<td></td>
<td>Such as System Name, System Type, Mailing Address, and Fee Amount.</td>
</tr>
<tr>
<td></td>
<td>IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357</td>
</tr>
<tr>
<td>2</td>
<td>SIGN...</td>
</tr>
<tr>
<td></td>
<td>IMPORTANT</td>
</tr>
<tr>
<td></td>
<td>Application MUST be signed and dated in the designated area below.</td>
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<td>3</td>
<td>PAY FEES...</td>
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<tr>
<td></td>
<td>Please pay the required fee by check, money order or credit card.</td>
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<tr>
<td></td>
<td>- Make check or money order payable to: TREASURER STATE OF OHIO</td>
</tr>
<tr>
<td></td>
<td>- 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>RETURN APPLICATION PROMPTLY...</td>
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<tr>
<td></td>
<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:** SPRING VALLEY VILLAGE  
**PWS ID:** OH2902422

**Contact NAME:** SPRING VALLEY, 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

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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.

MIA MI COUNTY BOARD OF COMMISSIONERS
201 W MAIN ST
TROY, OH 45373

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: Miami Co-Deer Clif f Run PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5502203</td>
<td></td>
</tr>
<tr>
<td>System Type: Community</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 226</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MIAMI CO-DEER CLIFF RUN PWS
Contact NAME: MIAMI COUNTY BOARD OF 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: 1321522
Amount Due: $433.92
Type Code: LFCWS
Transaction ID: 1321522 0000043392 LFCWS 000000000 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>MEYER, TRACE</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5702712</td>
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<td>Number of Service Connections:</td>
<td>226</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>

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

- Such as System Name, System Type, Mailing Address, and Fee Amount.
- IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** VOYAGER VILLAGE MHP

**Contact NAME:** MEYER, TRACE

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FAYETTEVILLE, VILLAGE OF
ATTN: ROBERT CAMPBELL
P O BOX 314
FAYETTEVILLE, OH 45118

WATER SYSTEM INFORMATION

- Name: FAYETTEVILLE VILLAGE PWS
- PWS ID: OH0800411
- System Type: COMMUNITY
- Number of Service Connections: 225
- 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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: $432.00

Due Date: 12/31/2019
Revenue ID: 1321520
Amount Due: $432.00
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.

MOORE ENTERPRISES
4425 WEST AIRPORT FREEWAY #475
IRVING, TX 75062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ROLLING HILLS MOBILE HOME PARK
Contact NAME: MOORE ENTERPRISES

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Pay this amount: $432.00

Due Date: 12/31/2019
Revenue ID: 1321521
Amount Due: $432.00
Type Code: 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.

CHATEAU ESTATES LTD.
ATTN: SHANE NERENBERG
6310 E KEMPER RD STE 125
CINCINNATI, OH 45241

WATER SYSTEM INFORMATION

Name: CHATEAU ESTATES LTD.
PWS ID: OH1200412
System Type: COMMUNITY
Number of Service Connections: 224
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: $430.08

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CHATEAU ESTATES LTD.
Contact NAME: CHATEAU ESTATES LTD.

SIGNATURE OF OWNER ___________________________ Date ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
- NO 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: GETTYSBURG VILLAGE PWS
Contact NAME: GETTYSBURG, 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: 1321509
Amount Due: $418.56
Type Code: LFCWS
Transaction ID:
The text on the document is a notice for the payment of a Public Water System License in Ohio. It includes information on how to fill out the application, confirm water system information, sign the application, pay the fees, and return the application. The fees for the year 2020 are listed, with a total of $408.96. The payment is due by 12/31/2019 and can be made by check, money order, or credit card. The Revenue ID is 1321503, and the transaction ID is LFCWS.
---

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - If this information is incorrect, contact Southwest District Office - DDAGW at 937-285-6357

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

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - 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: HONEYCREEK VILLAGE MHP PWS</th>
<th>PWS ID: OH1202612</th>
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<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 211</td>
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<tr>
<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.

Pay this amount: **$405.12**

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.

---

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

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

**PWS NAME:** HONEYCREEK VILLAGE MHP PWS

**Contact Name:** HONEYCREEK 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

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

PWS NAME: QUARRY LAKES MHP LLC
Contact NAME: NERENBERG, 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

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WATER SYSTEM INFORMATION

Name: LAURA VILLAGE PWS
PWS ID: OH5500612
System Type: COMMUNITY
Number of Service Connections: 207
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: $397.44

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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LAURA VILLAGE PWS
Contact NAME: LAURA, 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: 1321497
Amount Due: $397.44
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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

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

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

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

---

**BOARD OF MIAMI CO COMMISSIONERS**

201 W MAIN ST

TROY, OH 45373

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BETHEL TOWNSHIP WATER SYSTEM PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5502703</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>206</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>
<tr>
<td><strong>$395.52</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

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

**PAY FEES...**

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

- Make check or money order payable to: TREASURER STATE OF OHIO

- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** BETHEL TOWNSHIP WATER SYSTEM PWS

**PWS ID:** OH5502703

**Contact NAME:** BOARD OF MIAMI CO 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:** 1321496

**Amount Due:** $395.52

**Type Code:** LFCWS

**Transaction ID:**

---

1321496 000039552 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:** CLARK COUNTY MAPLEWOOD PWS
- **PWS ID:** OH1200903
- **System Type:** COMMUNITY
- **Number of Service Connections:** 201
- **Surface Water Source:** No

#### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td>Pay this amount: $385.92</td>
</tr>
</tbody>
</table>

---

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

**PWS NAME:** CLARK COUNTY MAPLEWOOD PWS

**Contact NAME:** CLARK COUNTY UTILITIES 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

---

### INVOICE/REVENUE ID: 1321490

| **Due Date:** | 12/31/2019 |
| **Revenue ID:** | 1321490 |
| **Amount Due:** | $385.92 |
| **Type Code:** | LFCWS |
| **Transaction ID:** | 1321490 0000038592 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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**CINCINNATI INCORPORATED**
**PRESIDENT**
7420 KILBY ROAD
HARRISON, OH 45211

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CINCINNATI INCORPORATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3130612</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>314</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: | $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.

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

PWS NAME: CINCINNATI INCORPORATED

Contact NAME: CINCINNATI 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>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321471</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$384.00</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.

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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 OF CINCINNATI MEDICAL CENTER
234 GOODMAN ST
CINCINNATI, OH 45219

WATER SYSTEM INFORMATION
Name: UC HOSPITAL MAIN IONIZATION SYSTEM
PWS ID: OH3139913
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 558
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: $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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
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PAY FEES...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: UC HOSPITAL MAIN IONIZATION SYSTEM
Contact NAME: UNIVERSITY OF CINCINNATI 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: 1321488
Amount Due: $384.00
Type Code: LFCWS
Transaction ID: 1321488
**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT** CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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/](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: MILLERCOORS USA LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH0937812</td>
</tr>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served: 550</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Name: MILLERCOORS USA LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH0937812</td>
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<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served: 550</td>
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<tr>
<td>Surface Water Source: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: <strong>$384.00</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:** MILLERCOORS USA LLC

**Contact NAME:** MILLERCOORS USA 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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
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<tr>
<td>Revenue ID: 1321484</td>
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<tr>
<td>Amount Due: $384.00</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.**

---

**MIAMI VALLEY HOSPITAL**

1 WYOMING ST
DAYTON, OH 45409

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MIAMI VALLEY HOSPITAL MAIN PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5750613</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>404</td>
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<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>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

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

**PAY FEES...**

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

- 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:** MIAMI VALLEY HOSPITAL MAIN PWS  
**PWS ID:** OH5750613  
**Contact NAME:** MIAMI VALLEY 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: | 1321482 |
| Amount Due: | $384.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321482 0000038400 |
NO 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>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WEST MANCHESTER, VILLAGE OF</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH6801412</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 199</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

PAY 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...
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DETACH THIS 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 MANCHESTER, VILLAGE OF
Contact NAME: WEST MANCHESTER, VILLAGE OF

SIGNATURE OF OWNER

Due Date: 12/31/2019
Revenue ID: 1321464
Amount Due: $382.08
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

1321464 0000038208 LFCWS 000000000 0
FLETCHER, VILLAGE OF
BOARD OF PUBLIC AFFAIRS
71 N. WALNUT ST
FLETCHER, OH 45326

WATER SYSTEM INFORMATION

Name: FLETCHER VILLAGE PWS
PWS ID: OH5500412
System Type: COMMUNITY
Number of Service Connections: 197
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: | $378.24 |

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: FLETCHER VILLAGE PWS PWS ID: OH5500412
Contact NAME: FLETCHER, 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: 1321461
Amount Due: $378.24
Type Code: LFCWS
Transaction ID:

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

CLARKSVILLE, VILLAGE OF
MAYOR AND COUNCIL
P O BOX 167
CLARKSVILLE, OH 45113-0167

WATER SYSTEM INFORMATION
Name: CLARKSVILLE VILLAGE PWS
PWS ID: OH1400203
System Type: COMMUNITY
Number of Service Connections: 193
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: $370.56

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
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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.

Due Date: 12/31/2019
Revenue ID: 1321458
Amount Due: $370.56
Type Code: LFCWS
Transaction ID:

1321458 0000037056 LFCWS 0000000000 2
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NORTH HAMPTON VILLAGE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1203412</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>180</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. |

**TOTAL**

Pay this amount:

$345.60

---

CONFIRM THE WATER SYSTEM INFORMATION...

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

If this information is incorrect contact SouthWest District Office - DDAGW at 937-285-6357

SIGN...

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

PAY FEES...

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

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

RETURN APPLICATION PROMPTLY...

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

---

DETACH THIS 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 HAMPTON VILLAGE PWS  
**PWS ID:** OH1203412

**Contact Name:** NORTH HAMPTON, 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: | 1321448 |
| Amount Due: | $345.60 |
| Type Code: | LFCWS |
| Transaction ID: | 1321448 0000034560 LFCWS 00000000 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

DETACH THIS 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 VIENNA, VILLAGE OF Contact NAME: SOUTH VIENNA, VILLAGE OF
PWS ID: OH1204312

SIGNATURE OF OWNER ______________________ DATE ________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
|-----------------------------------------|
| Revenue ID: | 1321449 |
| Amount Due: | $345.60 |
| Type Code: | LFCWS |
| Transaction ID: |
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1321445

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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: | GREENE COUNTY - CLYO PWS |
| PWS ID: | OH2904203 |
| System Type: | COMMUNITY |
| Number of Service Connections: | 178 |
| Surface Water Source: | Yes |

**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: $341.76

**IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**  
   Such as System Name, System Type, Mailing Address, and Fee Amount.  
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

**SIGNATURE OF OWNER**

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1321445  
Amount Due: $341.76  
Type Code: LFCWS  
Transaction ID:  

---

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.

---

**Country Haven Mobile Home Park**  
Camden Management, Inc.  
PO Box 960  
Milford, OH 45150

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Name</td>
<td>COUNTRY HAVEN MHP PWS</td>
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<tr>
<td>PWS ID</td>
<td>OH1201412</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>176</td>
</tr>
<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
</tbody>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$337.92</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 Southwest District Office - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

**DETACH THIS 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 HAVEN MHP PWS  
PWS ID: OH1201412

Contact Name: COUNTRY HAVEN 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: 1321444  
Amount Due: $337.92  
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.

SHERWOOD FOREST MHP
C/O PARKBRIDGE INVESTMENT GROUP
139 WALNUT BLVD
ROCHESTER, MI 48307

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>SHERWOOD FOREST MHP PWS</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH1901112</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>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$332.16</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SHERWOOD FOREST MHP PWS
Contact NAME: SHERWOOD FOREST 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: | 1321438 |
| Amount Due: | $332.16 |
| Type Code: | LFCWS |
| Transaction ID: | 1321438 0000033216 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.

BOWERSVILLE, VILLAGE OF
VILLAGE ADMINISTRATOR
P.O. BOX 306
BOWERSVILLE, OH 45307

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BOWERSVILLE VILLAGE PWS
Contact NAME: BOWERSVILLE, 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: 1321429
Amount Due: $326.40
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.

MOORE ENTERPRISES
4425 WEST AIRPORT FREEWAY #475
IRVING, TX 75062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HARMONY ESTATES MOBILE HOME PARK
Contact NAME: MOORE ENTERPRISES

SIGNATURE OF OWNER __________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321428
Amount Due: $324.48
Type Code: LFCWS
Transaction ID: 1321428 000032448 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.

VERONA, VILLAGE OF
138 MILL STREET
P. O. BOX 676
VERONA, OH 45378

WATER SYSTEM INFORMATION

Name: VERONA, VILLAGE OF
PWS ID: OH6801212
System Type: COMMUNITY
Number of Service Connections: 164
Surface Water Source: No

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>Name</th>
<th>VERONA, VILLAGE OF</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH6801212</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>

Pay this amount: $314.88

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: VERONA, VILLAGE OF
Contact NAME: VERONA, 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
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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

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

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SPRING VALLEY ESTATES MHP
PARK MANAGEMENT SPECIALIST, INC
216 WEST WAYNE
MAUMEE, OH 43537

WATER SYSTEM INFORMATION

Name: SPRING VALLEY ESTATES MHP
PWS ID: OH2902512
System Type: COMMUNITY
Number of Service Connections: 152
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: $291.84

Attached is a handout that 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 ESTATES MHP
Contact NAME: SPRING VALLEY ESTATES MHP

SIGNATURE OF OWNER ___________________________ DATE ______________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321411
Amount Due: $291.84
Type Code: LFCWS
Transaction ID: 1321411 0000029184 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.

---

**SHELBY COUNTY WATER AND SEWER**

3475 CANAL ROAD #1
MINISTER, OH 45865

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SHELBY COUNTY WATER AND SEWER PWS</th>
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<tbody>
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<td>PWS ID:</td>
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<td>System Type:</td>
<td>COMMUNITY</td>
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<tr>
<td>Number of Service Connections:</td>
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<td>Surface Water Source:</td>
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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: $284.16</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** SHELBY COUNTY WATER AND SEWER PWS  
**PWS ID:** OH7500112  
**Contact NAME:** SHELBY COUNTY WATER AND SEWER

**SIGNATURE OF OWNER**

**DATE**

---

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

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

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321401 |
| Amount Due: | $284.16 |
| Type Code: | LFCWS |
| Transaction ID: | 1321401 0000000000 |
**WATER SYSTEM INFORMATION**

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<tr>
<th>Name: CLARK COUNTY ROCKWAY PWS</th>
<th>PWS ID: OH1201203</th>
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<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 137</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>Pay this amount: $263.04</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.

Attached is a handout that 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

**PWS NAME:** CLARK COUNTY ROCKWAY PWS

**Contact NAME:** CLARK COUNTY UTILITIES 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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
<th>Revenue ID: 1321385</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Due: $263.04</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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CATAWBA VILLAGE PWS
Contact NAME: CATAWBA, 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: 1321378
Amount Due: $253.44
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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MOORE ENTERPRISES
4425 WEST AIRPORT FREEWAY #475
IRVING, TX 75062

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name: HARVEST SQUARE MOBILE HOME PARK | PWS ID: OH1100512 |
| System Type: COMMUNITY | Number of Service Connections: 130 |
| 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: $249.60 |

CONFIRM THE WATER SYSTEM INFORMATION...

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

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

PAY FEES...

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

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

RETURN APPLICATION PROMPTLY...

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

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

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

PWS NAME: HARVEST SQUARE MOBILE HOME PARK

Contact NAME: MOORE ENTERPRISES

SIGNATURE OF OWNER __________________________ DATE ___

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321373
Amount Due: $249.60
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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
**Invoice/Revenue ID:** 1321348

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BROOKVILLE LAKE ESTATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5700612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>113</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>
<tr>
<td>$216.96</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

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

**PAY FEES...**

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

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321348 |
| Amount Due: | $216.96 |
| Type Code: | LFCWS |
| Transaction ID: | 1321348 0000021696 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.

CROUSE MOBILE HOME PARK
BRIAN BREMER, OWNER
4141 HAMILTON-EATON ROAD
HAMILTON, OH 45011

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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>CROUSE MOBILE HOME PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0902912</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>109</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>$209.28</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: CROUSE MOBILE HOME PARK
Contact NAME: CROUSE 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: 1321340
Amount Due: $209.28
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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1321335

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**LAKERIDGE RESORTS, INC. MHP**

8651 STATE RTE 368

HUNTSVILLE, OH 43324

---

**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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

---

**SIGN...**

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

---

**PAY FEES...**

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

- Make check or money order payable to: TREASURER STATE OF OHIO

- For Information on paying by Credit Card go to http://epa.ohio.gov/

---

**RETURN APPLICATION PROMPTLY...**

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

---

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

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

**PWS NAME:** LAKERIDGE RESORTS, INC. MHP

**PWS ID:** OH4601312

**Contact NAME:** LAKERIDGE RESORTS, INC. 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: | 1321335 |
| Amount Due: | $201.60 |
| Type Code: | LFCWS |
| Transaction ID: | 1321335 0000020160 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.

GARDEN ACRES WATER COMPANY INC
MARK RUCKER, PRESIDENT
241 LARCHMONT RD
SPRINGFIELD, OH 45503

![Application Form]

**FOUR IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go 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>GARDEN ACRES WATER COMPANY PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH1202412</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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<tr>
<td>Surface Water Source</td>
<td>No</td>
</tr>
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</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Pay this amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$192.00</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)**

<table>
<thead>
<tr>
<th>PWS NAME: GARDEN ACRES WATER COMPANY PWS</th>
<th>PWS ID: OH1202412</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact NAME: GARDEN ACRES WATER COMPANY INC</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>
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<tr>
<th>Due Date: 12/31/2019</th>
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<tr>
<td>Revenue ID: 1321325</td>
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<tr>
<td>Amount Due: $192.00</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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BROOKWOOD MHP PWS
Contact NAME: BROOKWOOD 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: 1321323
Amount Due: $192.00
Type Code: LFCWS
Transaction ID:

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

**WATER SYSTEM INFORMATION**

- Name: MIAMI CO‐N25A EXTENSION
- PWS ID: OH5502303
- System Type: COMMUNITY
- Number of Service Connections: 61
- 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:</td>
<td>$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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY 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: MIAMI CO‐N25A EXTENSION

Contact NAME: MIAMI COUNTY BOARD OF 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: 1321237
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.

WAYNE MOBILE INC
PO BOX 613
WAYNESVILLE, OH 45068

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

DETACH THIS 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 MOBILE INC
Contact NAME: WAYNE MOBILE 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: 1321310
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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: EDGECWOOD MOBILE HOME PARK
Contact NAME: WHITEHILL, 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: 1321166
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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GRANDVIEW HEIGHTS CIVIC ASSOCIATION
PO BOX 374
ST PARIS, OH 43072

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GRANDVIEW HEIGHTS CIVIC ASSOCIATION PWS
Contact NAME: GRANDVIEW HEIGHTS CIVIC 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: 1321185
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 LAKE VILLAGE MHP PWS
Contact NAME: WEST LAKE 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: 1321312
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321312 0000017600 LFCWS 000000000
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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

<table>
<thead>
<tr>
<th>1</th>
<th>CONFIRM THE WATER SYSTEM INFORMATION...</th>
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<td></td>
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</tr>
<tr>
<td></td>
<td>IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357</td>
</tr>
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<th>2</th>
<th>SIGN...</th>
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<th>3</th>
<th>PAY FEES...</th>
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<tr>
<td></td>
<td>Please pay the required fee by check, money order or credit card.</td>
</tr>
<tr>
<td></td>
<td>- Make check or money order payable to: TREASURER STATE OF OHIO</td>
</tr>
<tr>
<td></td>
<td>- For Information on paying by Credit Card go to <a href="http://epa.ohio.gov/">http://epa.ohio.gov/</a></td>
</tr>
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</table>

<table>
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<tr>
<th>4</th>
<th>RETURN APPLICATION PROMPTLY...</th>
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</thead>
<tbody>
<tr>
<td></td>
<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:** SUNSET TERRACE MOBILE HOME PARK  
**PWS ID:** OH1101112

**Contact NAME:** SUNSET TERRACE 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:** 1321289  
**Amount Due:** $176.00  
**Type Code:** LFCWS  
**Transaction ID:**  

---

**SUNSET TERRACE MHP**

5385 CROFTMILL ROAD  
BRADFORD, OH 45308

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUNSET TERRACE MOBILE HOME PARK</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1101112</td>
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<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>
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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: **$176.00**

---

1321289 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.

confirmation of the water system information...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

OHIO LIVING DOROTHY LOVE
1001 KINGSMILL PARKWAY
COLUMBUS, OH 43229

WATER SYSTEM INFORMATION
Name: OHIO LIVING DOROTHY LOVE PWS
PWS ID: OH7500712
System Type: COMMUNITY
Number of Service Connections: 59
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.

DETACH THIS 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 LIVING DOROTHY LOVE PWS
Contact NAME: OHIO LIVING DOROTHY LOVE

SIGNATURE OF OWNER ___________________________ DATE __________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321256
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321256 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.

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

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

PWS NAME: MIDWEST EXPRESS 2I PWS
Contact NAME: MIDWEST EXPRESS 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>
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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.

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

MIDWEST EXPRESS INC
11590 TOWNSHIP RD 298
EAST LIBERTY, OH 43319

WATER SYSTEM INFORMATION
Name: MIDWEST EXPRESS 2CDE PWS
PWS ID: OH4644212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 180
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: MIDWEST EXPRESS 2CDE PWS
Contact NAME: MIDWEST EXPRESS 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: 1321239
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.

KAMP-A-LOTT
PO BOX 109
ZANESFIELD, OH 43360-1878

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name: KAMP-A-LOTT</td>
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</tr>
<tr>
<td>PWS ID: OH4642312</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>

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**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

---

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

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

**PWS NAME:** KAMP-A-LOTT

**PWS ID:** OH4642312

**Contact NAME:** KAMP-A-LOTT

**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:</th>
<th>12/31/2019</th>
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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.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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>
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<tr>
<th>Name: HOLIDAY SHORES MHP PWS</th>
<th>PWS ID: OH4600812</th>
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<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 76</td>
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<tr>
<td>Surface Water Source: No</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.

**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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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:** 1321203
**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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 CO. SHARTS ROAD PWS
Contact NAME: WARREN CO BRD OF COMM
PWS ID: OH8346912

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321308
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 0000000000 3
**PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1321292

- No person shall operate or maintain a public water system in the state of Ohio without a public water system license.

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

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

- This is the only invoice your water system will receive.

---

**TECH II, INC.**  
ATTENTION: DONNA OLIVER  
3100 UPPER VALLEY PIKE  
SPRINGFIELD, OH 45504

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TECH II, INC. 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>Population Served:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
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</thead>
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<tr>
<td>Attach as a handout that 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>
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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 SouthWest District Office - DDAGW at 937-285-6357

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

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

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

---

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

**DDAGW PW- Public Water System License to Operate (LFCWS)**
**PWS NAME:** TECH II, INC. PWS  
**PWS ID:** OH1241812

**Contact NAME:** TECH II, 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: | 1321292 |
| Amount Due: | $176.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321292 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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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WEST CHARLESTON CHURCH OF THE BRETHREN
4817 SOUTH STATE RTE 202
TIPP CITY, OH 45371

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DETACH THIS 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 CHARLESTON CHURCH OF THE BRETHREN PWS ID: OH5553212
Contact NAME: WEST CHARLESTON CHURCH OF THE BRETHREN

SIGNATURE OF OWNER ___________________________ DATE ___________________________

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| 1 | CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357 |
| 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. |

<table>
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<td>Surface Water Source: No</td>
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<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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</thead>
<tbody>
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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></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.

Due Date: 12/31/2019
Revenue ID: 1321311
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.

TWIN RIVERS WATER CORPORATION
PEGGY WESTERFELD
5465 LAWRENCEBURG RD
HARRISON, OH 45030

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: TWIN RIVERS WATER CORPORATION</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH3102303</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 96</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.

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

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

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

DETACH THIS 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 RIVERS WATER CORPORATION  **PWS ID:** OH3102303

**Contact NAME:** TWIN RIVERS WATER CORPORATION

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

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321299 |
| 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

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

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CLARK COUNTY LIMECREST PWS
PWS ID: OH1253012
Contact NAME: CLARK COUNTY UTILITIES 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

---

Invoice/Revenue ID: 1321150

Pay this amount: $176.00

Due Date: 12/31/2019
Revenue ID: 1321150
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321150 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.

OAKHILL MEDICAL CENTER
ARLIS GASCHO, ADMINISTRATOR
4879 U.S. ROUTE 68 SOUTH
WEST LIBERTY, OH 43357

WATER SYSTEM INFORMATION

Name: OAKHILL MEDICAL CENTER
PWS ID: OH4640112
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 200
Surface Water Source: No

FEES FOR YEAR 2020

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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

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

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

DETACH THIS 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 MEDICAL CENTER
Contact NAME: OAKHILL 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: 1321249
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.

---

**NEW BUDGET INN**  
BHAVESH PATEL  
6161 STATE RTE 127 N  
EATON, OH 45320

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NEW BUDGET INN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6832412</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>

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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>
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<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td>$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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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

**PAY FEES...**

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

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

**RETURN APPLICATION PROMPTLY...**

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

---

**DETACH THIS 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 BUDGET INN  
PWS ID: OH6832412  
Contact NAME: NEW BUDGET 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:** 1321245  
**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.

**LENTZ, Aimée**

3317 S. Higley Rd. STE 114/613

Gilbert, AZ 85297

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MOUNTAINVIEW MOBILE VILLAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4602012</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>79</td>
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<tr>
<td>Surface Water Source:</td>
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</tr>
</tbody>
</table>

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**FEES FOR YEAR 2020**

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

Pay this amount: **$176.00**

---

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

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - If this information is incorrect contact Southwest District Office - DDAGW at 937-285-6357

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

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW - Public Water System License to Operate (LFCWS)

PWS NAME: MOUNTAINVIEW MOBILE VILLAGE

PWS ID: OH4602012

Contact NAME: LENTZ, Aimée

**SIGNATURE OF OWNER**

---

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
</tr>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1321243</td>
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<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>1</td>
</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.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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 COUNTY UTILITIES DEPARTMENT
3130 E MAIN ST
PO BOX 1303
SPRINGFIELD, OH 45501-1303

WATER SYSTEM INFORMATION
Name: CLARK COUNTY LAWRENCEVILLE PWS
PWS ID: OH1202812
System Type: COMMUNITY
Number of Service Connections: 95
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: $176.00

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321149
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 

1321149 0000017600 LFCWS 000000000
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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.

SANCHEZ, STEFANI
2325 E.CAMELBACK RD.
SUITE 1100
PHOENIX, AZ 85016

WATER SYSTEM INFORMATION
Name: VEREIT EAST LIBERTY
PWS ID: OH4652621
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 160
Surface Water Source: No

FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
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<tbody>
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</tbody>
</table>

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: VEREIT EAST LIBERTY
Contact NAME: SANCHEZ, STEFANI

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321305
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321305 0000017600 LFCWS 000000000
MCCARTYVILLE WELL ASSOCIATION PWS
THOMAS KREMER, PRESIDENT
13559 STATE ROUTE 29
ANNA, OH 45302

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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MCCARTYVILLE WELL ASSOCIATION PWS
Contact NAME: MCCARTYVILLE WELL ASSOCIATION PWS

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321231
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321231 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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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LA HACIENDA APARTMENTS
Contact NAME: CHESTER, CLAYTON

SIGNATURE OF OWNER ___________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321218
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.

KETTLERSVILLE WELL ASSOCIATION
PO BOX 142
KETTLERSVILLE, OH 45336

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: KETTLERSVILLE WELL ASSOCIATION PWS
Contact NAME: KETTLERSVILLE WELL ASSOCIATION

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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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<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>System Name:</td>
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</tr>
<tr>
<td>System Type:</td>
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<td>Mailing Address:</td>
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<td>Fee Amount:</td>
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<td>Surface Water Source:</td>
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<tr>
<td>Number of Service Connections:</td>
<td>71</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 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/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 MHP PWS
Contact NAME: HIDDEN VALLEY 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: | 1321201 |
| 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.

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DRY FORK MHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3100612</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>99</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></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:**

| $176.00 |

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: DRY FORK MHP
Contact NAME: DRY FORK 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: 1321164
Amount Due: $176.00
Type Code: LFCWS
Transaction ID: 1321164 0000017600 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.**

---

**BEECHWOOD ACRES**

CARLA KASER

PO BOX 227

WILMINGTON, OH 45177

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BEECHWOOD ACRES</th>
<th>PWS ID: OH1434012</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>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Connected is a handout that 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**

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**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:** BEECHWOOD ACRES  
**PWS ID:** OH1434012

**Contact NAME:** BEECHWOOD ACRES

**SIGNATURE OF OWNER**  
**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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: 1321131</td>
</tr>
<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.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

ADVANCED DRAINAGE SYSTEMS, BUTLER
2650 HAMILTON-EATON RD
NEW MIAMI, OH 45011

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>ADVANCED DRAINAGE SYSTEMS- BUTLER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0939612</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>171</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>$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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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- BUTLER
Contact NAME: ADVANCED DRAINAGE SYSTEMS, BUTLER

SIGNATURE OF OWNER __________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321119
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS Stub AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** MELODY POOL

**PWS ID:** OH5743512

**Contact NAME:** OYER, FRED

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.

- Pay this amount: **$112.00**

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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</thead>
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<tr>
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<td>1320025</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>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CHAKERES THEATRES, INC
222 N MURRAY ST
P O BOX 1200
SPRINGFIELD, OH 45501

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: MELODY 49 DRIVE-IN
Contact NAME: CHAKERES THEATRES, 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. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

PWS NAME: MELODY 49 DRIVE-IN
Contact NAME: CHAKERES THEATRES, INC

SIGNATURE OF OWNER __________________________ DATE ________________

Due Date: 12/31/2019
Revenue ID: 1320024
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

4-H CAMP CLIFTON INC.
CAMP CLIFTON BOARD
2256 CLIFTON ROAD
YELLOW SPRINGS, OH 45387

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 CLIFTON DAY CAMP
Contact NAME: 4-H CAMP CLIFTON 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: 1318976
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the 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: MAYBERRY MINI-MART PWS

Contact NAME: MAYBERRY MINI-MART

SIGNATURE OF OWNER ____________________________ DATE ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320004
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320004 0000011200 LFCWS 000000000 7
# 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

**Invoice/Revenue ID:** 1319997

- No person shall operate or maintain a public water system in the State of Ohio without a public water system license.
- A license holder that proposes to continue operating a public water system for which the license was issued shall return a completed application and appropriate fee to the director at least 30 days prior to the expiration date of the current license.
- If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.
- This is the only invoice your water system will receive.

---

**MARSHALL'S SERVICE**

**JOHN MARSHALL**

**9990 US ROUTE 36**

**BRADFORD, OH 45308**

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - If this information is incorrect contact Southwest District Office - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - 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: MARSHALL'S SERVICE</th>
<th>PWS ID: OH1935212</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: TRANSPORT NONCOMMUNITY</td>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
</tr>
<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**

<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: <strong>$112.00</strong></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:** MARSHALL'S SERVICE

**PWS ID:** OH1935212

**Contact NAME:** MARSHALL'S SERVICE

**SIGNATURE OF OWNER** __________________________ **DATE** __________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.

**Due Date:** 12/31/2019

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<tr>
<th>Revenue ID:</th>
<th>1319997</th>
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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>1319997 000011200 LFCWS 000000000</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.

PUTHOFF, VIRGIL
PO BOX 37
ALPHA, OH 45301

WATER SYSTEM INFORMATION

Name: WOODHAVEN SWIM AND TENNIS CLUB, INC
PWS ID: OH2943712
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WOODHAVEN SWIM AND TENNIS CLUB, INC
Contact NAME: PUTHOFF, VIRGIL

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321076
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: CROSS CAMPGROUND PWS
Contact NAME: CROSS 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: 1319233
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.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
   - 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.**

<table>
<thead>
<tr>
<th>DDAGW PW: Public Water System License to Operate (LFCWS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PWS NAME:</strong> MARMON VALLEY FARM</td>
</tr>
<tr>
<td><strong>Contact NAME:</strong> MARMON VALLEY FARM</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

---

**Due Date:** 12/31/2019
**Revenue ID:** 1319996
**Amount Due:** $112.00
**Type Code:** LFCWS
**Transaction ID:**

---

**OUTLINE:**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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.

---

GPR PROPERTIES LLC
15147 ST RT 235
LAKEVIEW, OH 43331

---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: BIG BEAR CAMPGROUND</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4652626</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.

---

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to:
     TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS 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 BEAR CAMPGROUND
Contact NAME: GPR 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: 1318849
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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...
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20464 - HOUSTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7542713</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.

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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:** DOLLAR GENERAL #20464 - HOUSTON

**PWS ID:** OH7542713

**Contact NAME:** HOUSTON DOHP, LLC

**SIGNATURE OF OWNER** __________________________   **DATE** __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tr>
<td>Revenue ID:</td>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</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 WESLEY-MIDDLE WELL
KEN OVERHOLSER-UNITED METH CH CAMPS
32 WESLEY BLVD
WORTHINGTON, OH 43085-3585

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - 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.

DETACH THIS 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 WESLEY
Contact NAME: CAMP WESLEY-MIDDLE WELL

SIGNATURE OF OWNER _________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319008
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319008 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WINNER'S LAKEVIEW MARKET</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4652623</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: WINNER'S LAKEVIEW MARKET

Contact NAME: WINNER, BRAD

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

Due Date: 12/31/2019

Revenue ID: 1321065

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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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: VFW POST 8673
Contact NAME: VFW POST 8673

SIGNATURE OF OWNER ___________________________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320959
Amount Due: $112.00
Type Code: 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: ISLANDER BOATEL CONDO
Contact NAME: ISLANDER BOATEL CONDO 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: 1319756
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 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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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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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: MAD RIVER MOUNTAIN PWS ID: OH4634212
Contact NAME: MAD RIVER MOUNTAIN

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, 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: 1319964
Amount Due: $112.00
Type Code: 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>TECH II WAREHOUSE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1252612</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>
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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></td>
</tr>
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</table>

**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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go 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:** TECH II WAREHOUSE PWS

**Contact NAME:** TECH II WAREHOUSE

**SIGNATURE OF OWNER** ___________________________ **DATE** __________________

Pay to: *Treasurer, State of Ohio.* Please write the Revenue ID on 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>Revenue ID:</td>
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<tr>
<td>Transaction ID:</td>
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</table>
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<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:</td>
<td>THE DOLL HOUSE</td>
<td></td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH1240012</td>
<td></td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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</tr>
<tr>
<td>Number of Wells:</td>
<td>1</td>
<td></td>
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<td>Surface Water Source:</td>
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Pay this amount: $112.00

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CONFIRM THE WATER SYSTEM INFORMATION...
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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: THE DOLL HOUSE
Contact NAME: CONRAD, SCOTT

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320781
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320781 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.

NEW WESTON DOHP, LLC
9010 OVERLOOK BLVD
BRENTWOOD, TN 37027

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #20027 - NEW WESTON PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1950620</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>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>

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN... Application MUST be signed and dated in the designated area below.

PAY FEES... Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 #20027 - NEW WESTON PWS

Contact NAME: NEW WESTON DOHP, 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: 1319322
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: KIL-KARE INC TRACK    PWS ID: OH2956312
Contact NAME: KIL-KARE 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>
<tr>
<th>Ohio EPA</th>
<th>PO BOX 77005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland, OH</td>
<td>44194-7005</td>
</tr>
</tbody>
</table>

Due Date: 12/31/2019
Revenue ID: 1319829
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319829 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.

THE DOLPHIN SWIM CLUB OF TROY
PO BOX 980
TROY, OH 45373

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: THE DOLPHIN SWIM CLUB OF TROY 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></td>
</tr>
<tr>
<td>PWS ID: OH5531312</td>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</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>
<td></td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 DOLPHIN SWIM CLUB OF TROY INC
Contact NAME: THE DOLPHIN SWIM CLUB OF TROY

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320782
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320782 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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>TAYLORS TAVERN PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1238212</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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</table>

**FEES FOR YEAR 2020**

| 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: TAYLORS TAVERN PWS
Contact NAME: TAYLORS 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.

Payable to: Treasurer, State of Ohio

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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>
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<td>Type Code:</td>
<td>LFCWS</td>
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<td>Transaction ID:</td>
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</tbody>
</table>

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TAYLOR CREEK YOUTH ORG. PWS
Contact NAME: KOCH, GENIE

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to:  Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320756
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: TAVERNETTE INN
Contact NAME: HILL, 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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<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Revenue ID:</td>
<td>1320755</td>
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<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>

---
A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TAMMIS MOBILE VILLAGE LTD
JOE AND TERRI MEIER
16060 STATE ROUTE 235
BELLE CENTER, OH 43310

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: TAMMIS MOBILE VILLAGE LTD. PWS</td>
<td>Pay this amount: $112.00</td>
</tr>
<tr>
<td>PWS ID: OH4602712</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 47</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
If this information is incorrect contact Southwest District Office - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the Due Date listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TAMMIS MOBILE VILLAGE LTD. PWS
PWS ID: OH4602712
Contact NAME: TAMMIS MOBILE VILLAGE 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: 1320749 |
| Amount Due: $112.00 |
| Type Code: LFCWS |
| Transaction ID: 1320749 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SWEET MANUFACTURING</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1239612</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>58</td>
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<td>Surface Water Source:</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:** $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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS 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 MANUFACTURING  

Contact NAME: SWEET 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: | 1320730 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320730 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.

SUTPHEN CORPORATION-CHASSIS DIVISION
MATTHEW FOX
PO BOX 2610
SPRINGFIELD, OH 45502

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUTPHEN CORPORATION-CHASSIS DIVISION PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1241012</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>90</td>
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<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.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: SUTPHEN CORPORATION-CHASSIS DIVISION PWS
Contact NAME: SUTPHEN CORPORATION-CHASSIS 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: 1320727
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320727 0000011200 LFCWS 00000000 3
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: SUGAR VALLEY GOLF CLUB</th>
<th>PWS ID: OH2952512</th>
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<tbody>
<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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**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>
</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>Pay this amount: <strong>$112.00</strong></td>
</tr>
</tbody>
</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IMPRESSANT**

Application 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/](http://epa.ohio.gov/)

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** SUGAR VALLEY GOLF CLUB  
**PWS ID:** OH2952512

**Contact NAME:** SUGAR 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

<table>
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<th>Due Date: 12/31/2019</th>
<th>Revenue ID: 1320713</th>
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<tr>
<td>Amount Due: $112.00</td>
<td>Type Code: LFCWS</td>
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<td>Transaction ID:</td>
<td></td>
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</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SUGAR ISLE GOLF COURSE
ATTENTION: TODD SMART
PO BOX 148
NEW CARLISLE, OH 45344

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SUGAR ISLE GOLF COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1246512</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
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<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.

<table>
<thead>
<tr>
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<th>SUGAR ISLE GOLF COURSE</th>
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<tbody>
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<tr>
<td>Number of Wells:</td>
<td>2</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to:
  TREASURER STATE OF OHIO

- For Information on paying by Credit Card go to
  http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: SUGAR ISLE GOLF COURSE
Contact NAME: SUGAR ISLE GOLF COURSE

SIGNATURE OF OWNER____________________       DATE____________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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Revenue ID: 1320712
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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STUDEBAKER'S COUNTRY RESTAURANT
4679 WEST US RTE 36
URBANA, OH 43078

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>STUDEBAKER'S COUNTRY RESTAURANT PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1131812</td>
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<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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**FEES FOR YEAR 2020**

<table>
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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 system is shown in the total column.</td>
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<table>
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<tr>
<th>Pay this amount:</th>
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<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.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** STUDEBAKER'S COUNTRY RESTAURANT PWS
**PWS ID:** OH1131812
**Contact NAME:** STUDEBAKER'S 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

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**STUDEBAKER NURSERY INC**
**11140 MILTON-CARLISLE RD**
**NEW CARLISLE, OH 45344**

---

**WATER SYSTEM INFORMATION**

Name: STUDEBAKER NURSERY-EMPL. BLDG. PWS
PWS ID: OH1245012
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 85
Surface Water Source: No

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$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:** STUDEBAKER NURSERY- EMPL. BLDG. PWS
**PWS ID:** OH1245012
**Contact NAME:** STUDEBAKER NURSERY 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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<td>Amount Due:</td>
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<td>Transaction ID:</td>
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</table>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: STUDEBAKER NURSERY CAMP

Contact NAME: STUDEBAKER NURSERY 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>FS #</th>
<th>Name</th>
<th>System Type</th>
<th>Mailing Address</th>
<th>Fee Amount</th>
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<tr>
<td>1</td>
<td>STUDEBAKER NURSERY CAMP</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
<td>11140 MILTON-CARLISLE RD NEW CARLISLE, OH 45344</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>STUDEBAKER NURSERY INC</th>
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<tbody>
<tr>
<td>Address</td>
<td>11140 MILTON-CARLISLE RD NEW CARLISLE, OH 45344</td>
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<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>PWS ID</td>
<td>OH1244812</td>
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<tr>
<td>Population</td>
<td>72</td>
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<td>Surface Water</td>
<td>No</td>
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

STOP 99/L&O TIRE SERVICE
L&O TIRE SERVICE-MIKE OPPERMAN
14555 SR 119
ANNA, OH 45302

WATER SYSTEM INFORMATION

<table>
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<tr>
<th>Name: STOP 99/L AND O TIRE SERVICE</th>
<th>PWS ID: OH7540412</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>
</tbody>
</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: STOP 99/L AND O TIRE SERVICE PWS ID: OH7540412
Contact NAME: STOP 99/L&O TIRE SERVICE

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: 1320701
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1320701 0000011200 LFCWS 000000000 3
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STITES
3524 CO RD 130
BELLEFONTAINE, OH 43311

WATER SYSTEM INFORMATION
Name: STITES PWS
PWS ID: OH4648712
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: STITES PWS
Contact NAME: STITES

SIGNATURE OF OWNER ___________________________ DATE ________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320692
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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STILLWATER VALLEY GOLF CLUB
KELLY NORRIS
9235 SEIBT RD., P.O. BOX 225
VERSAILLES, OH 45380

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>STILLWATER VALLEY GOLF CLUB</th>
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<tr>
<td>PWS ID:</td>
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<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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SIGN...
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Ohio EPA
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Cleveland, OH 44194-7005

Pay this amount: $112.00

Due Date: 12/31/2019
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Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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STILLWATER RIDGE, INC.
KERMIT DELK
1858 DEVON DR
SPRINGFIELD, OH 45503-2117

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</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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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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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: STILLWATER RIDGE, INC.  PWS ID: OH5533612
Contact NAME: STILLWATER RIDGE, 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: 1320689
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Type Code: LFCWS
Transaction ID:
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**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

<table>
<thead>
<tr>
<th>MIAMI COUNTY PARK DISTRICT</th>
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<tbody>
<tr>
<td>2645 E SR 41</td>
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<tr>
<td>TROY, OH 45373</td>
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**WATER SYSTEM INFORMATION**

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<th>Name:</th>
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<td>OH5546612</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>
<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>$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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** STILLWATER PRAIRIE RESERVE PWS  
**PWS ID:** OH5546612

**Contact NAME:** MIAMI COUNTY PARK DISTRICT

**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: 1320688
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320688 0000011200 LFCWS 0000000000 0

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
**PUBLIC WATER SYSTEM LICENSE NOTICE**

**STILLWATER BEACH CAMP**

**GRETCHEN SCHMIDT**

**PO BOX 66**

**BRADFORD, OH 45308**

**WATER SYSTEM INFORMATION**

**Name:** STILLWATER BEACH CAMP  
**PWS ID:** OH1945212  
**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.

| Name: STILLWATER BEACH CAMP | PWS ID: OH1945212 | System Type: TRANSIENT NONCOMMUNITY | Number of Wells: 1 | Surface Water Source: No | 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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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** STILLWATER BEACH CAMP  
**Contact NAME:** STILLWATER BEACH CAMP  
**PWS ID:** OH1945212

**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, 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: 1320687 | 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.

---

2020 PUBLIC WATER SYSTEM LICENSE NOTICE

---

STILLWATER BEACH CAMP
GRETCHEN SCHMIDT
PO BOX 66
BRADFORD, OH 45308

---

WATER SYSTEM INFORMATION

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<tbody>
<tr>
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<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

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<td>Pay this amount: $112.00</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: STILLWATER BEACH AREA
Contact NAME: STILLWATER BEACH 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: 1320686
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320686 000000000000 LFCWS 0000000002
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: THE PINES
PWS ID: OH4637412
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: THE PINES
Contact NAME: THE PINES

SIGNATURE OF OWNER ___________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Amount Due:</th>
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Due Date: 12/31/2019
Revenue ID: 1320803
Transaction ID: LFCWS
BGS RESTAURANT
DAVE BRUNSICK
PO BOX 104
NORTH STAR, OH 45350

WATER SYSTEM INFORMATION

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<td>System Type:</td>
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<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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.
FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 ROOT BEER STAND
Contact NAME: THE ROOT BEER STAND

SIGNATURE OF OWNER ________________________ DATE __________

Pay to: Treasurer, 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>1320811</td>
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<tr>
<td>Pay to:</td>
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<tr>
<td>Ohio EPA</td>
<td>1320811</td>
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<tr>
<td>PO BOX 77005</td>
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<td>Cleveland, OH 44194-7005</td>
<td>LFCWS</td>
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Due Date: 12/31/2019
Revenue ID: 1320811
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320811 0000011200 LFCWS 0000000000
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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<tr>
<td>Name: THE SAVORY SKILLET</td>
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<tr>
<td>PWS ID: OH2950212</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>
<td></td>
</tr>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**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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**SIGNATURE OF OWNER**

**DATE**

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on 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: | 1320812 |
| 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.

ARIES CENTER LTD
JEFF HOLYCROSS
8200 STATE RTE 366
RUSSELLS POINT, OH 43348

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: ARIES CENTER LTD

Contact NAME: ARIES CENTER 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: 1318761
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318761 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.

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   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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   Application MUST be signed and dated in the designated area below.

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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: KIL-KARE INC OFFICE
Contact NAME: KIL-KARE 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: 1319828
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: CROSS CAMPGROUND OFFICE PWS
Contact NAME: CROSS 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: 1319232
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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.

THE WAY INTERNATIONAL
BILLING DEPARTMENT
P.O. BOX 328
NEW KNOXVILLE, OH 45871

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<th>FEES FOR YEAR 2020</th>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to:
     TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with 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

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</table>
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

THIRD BASE BAR
JOHN BRUNS
11234 STATE RTE 185
VERSAILLES, OH 45380

WATER SYSTEM INFORMATION

Name: THIRD BASE BAR
PWS ID: OH1932512
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: THIRD BASE BAR
Contact NAME: THIRD BASE 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: 1320825
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
LUG NUTS LLC
ATTN: GARY RISTER
2240 TR 108
HUNTSVILLE, OH 43324

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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: LUG NUTS LLC
PWS ID: OH4650812
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: LUG NUTS LLC
Contact NAME: LUG NUTS 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: 1319956
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0000011200

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

TIP TOP CANNING
505 S SECOND ST
PO BOX 126
TIPP CITY, OH 45371

WATER SYSTEM INFORMATION

Name: TIP TOP CAMP NORTH
PWS ID: OH5534912
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.

Due Date: 12/31/2019
Revenue ID: 1320849
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

1320849 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.

If there are any changes to the owner name, address, or water system information contained on this application, contact your local Ohio EPA district office.

This is the only invoice your water system will receive.

---

**TOMORROWS STARS**

TOMORROW'S STARS RV RESORT

6716 E. NATIONAL RD

SOUTH CHARELSTON, OH 45368

---

**WATER SYSTEM INFORMATION**

Name: TOMORROWS STARS - BACK

PWS ID: OH1243512

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** TOMORROWS STARS - BACK

**PWS ID:** OH1243512

**Contact NAME:** TOMORROWS STARS

**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: **1320854**

Amount Due: **$112.00**

Type Code: **LFCWS**

Transaction ID: **1320854 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 #18442 - ST. PARIS
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
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN... Application MUST be signed and dated in the designated area below.

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DARKE COUNTY NATURE EDUCATION CENTER
Contact NAME: DARKE COUNTY NATURE EDUCATION 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: 1319255
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319255 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.

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

TOMS DELI AND CARRYOUT
12389 MILTON-CARLISLE RD
NEW CARLISLE, OH 45344

WATER SYSTEM INFORMATION
Name: TOMS DELI AND CARRYOUT PWS
PWS ID: OH1231912
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 TO THE APPLICATION THAT INDICATES 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: TOMS DELI AND CARRYOUT PWS
Contact NAME: TOMS DELI AND CARRYOUT

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320855
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

TRANSPORTATION RESEARCH CENTER, INC.
10820 STATE ROUTE 347
EAST LIBERTY, OH 43319-0367

WATER SYSTEM INFORMATION
Name: TRANSPORTATION RESEARCH CENTER PWS
PWS ID: OH4644012
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 99
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>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: TRANSPORTATION RESEARCH CENTER PWS
Contact NAME: TRANSPORTATION RESEARCH 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: 1320867
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1320867 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**

| Name: A.B. GRAHAM MEMORIAL CENTER PWS | PWS ID: OH5538812 |
| 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.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** A.B. GRAHAM MEMORIAL CENTER PWS  
**PWS ID:** OH5538812  
**Contact NAME:** A.B. GRAHAM MEMORIAL 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: 1318698 |
| Amount Due: $112.00 |
| Type Code: LFCWS |
| Transaction ID: |

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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.

COHN, CONNIE
7920 BRUSH LAKE ROAD
NORTH LEWISBURG, OH 43060

WATER SYSTEM INFORMATION

Name: TRIAD HIGH SCHOOL-ATHLETIC BUILDING
PWS ID: OH1134312
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 80
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: TRIAD HIGH SCHOOL-ATHLETIC BUILDING
Contact NAME: COHN, CONNIE

SIGNATURE OF OWNER _______________________________ DATE ____________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320872
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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: PITSBURG PIZZA AND GRILL</td>
<td>PITTSBURG PIZZA AND GRILL</td>
</tr>
<tr>
<td>PWS ID: OH1942712</td>
<td>OH1942712</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>No</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: PITSBURG PIZZA AND GRILL
Contact NAME: PITSBURG PIZZA AND 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: 1320376
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320376 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.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LOGAN LANDING PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4651212</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>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.

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** LOGAN LANDING PWS  
**PWS ID:** OH4651212  
**Contact NAME:** BAYPOINT PROPERTIES

**SIGNATURE OF OWNER**  

**DATE**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319938 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |  

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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.

**WILLIAMS RV PARK & BOAT DOCKS**
11707 STATE RTE 117
BELLE CENTER, OH 43310

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: WILLIAMS RV PARK AND BOAT DOCKS PWS</th>
<th>PWS ID: OH4651112</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></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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: WILLIAMS RV PARK AND BOAT DOCKS PWS  PWS ID: OH4651112
Contact NAME: WILLIAMS RV PARK & BOAT DOCKS

**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: | 1321049 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321049 0000011200 LFCWS 000000000 2 |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JASPER ROAD FOOD MART</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2955812</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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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** JASPER ROAD FOOD MART

**PWS ID:** OH2955812

**Contact NAME:** JASPER ROAD FOOD MART 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: | 1319775 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Transaction ID: 1319775 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.

CRANBERRY CONDOMINIUMS
PO BOX 547
RUSSELLS POINT, OH 43348

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CRANBERRY CONDOMINIUMS
Contact NAME: CRANBERRY CONDOMINIUMS

SIGNATURE OF OWNER ___________________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319221
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319221 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.

TUKENS ORCHARD & FARM MARKET
15725 EATON PIKE
WEST ALEXANDRIA, OH 45381

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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
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---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: TUKENS ORCHARD AND FARM MARKET
Contact NAME: TUKENS ORCHARD & FARM MARKET

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320895
Amount Due: $112.00
Type Code: 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.

GAME TIME SPORTS CENTER CORP
5151 BOGLESS RUN RD
URBANA, OH 43078

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION
Name: GAME TIME SPORTS CENTER
PWS ID: OH1133612
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 2
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GAME TIME SPORTS CENTER
Contact NAME: GAME TIME SPORTS CENTER CORP

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

PIRATES COVE AT INDIAN LAKE CONDO INC FC
PIRATES COVE AT INDIAN LAKE HOA
7323 PORT ROYALE AVE
RUSSELLS POINT, OH 43348

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: PIRATES COVE AT INDIAN LAKE PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4651712</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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</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: PIRATES COVE AT INDIAN LAKE PWS
Contact NAME: PIRATES COVE AT INDIAN LAKE CONDO INC FC

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320374
Amount Due: $112.00
Type Code: 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.

LOCUST HILL GOLF, INC.
RICH AND JOHN KITCHEN
5575 N RIVER RD
SPRINGFIELD, OH 45502

WATER SYSTEM INFORMATION

Name: LOCUST HILL GC-CLUBHOUSE PWS
PWS ID: OH1232812
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: LOCUST HILL GC-CLUBHOUSE PWS
Contact NAME: LOCUST HILL GOLF, 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: 1319935
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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PIQUA FISH & GAME PROTECTIVE ASSN
PO BOX 465
PIQUA, OH 45356-0465

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: PIQUA FISH AND GAME CLUB PWS
Contact NAME: PIQUA FISH & GAME PROTECTIVE ASSN

SIGNATURE OF OWNER.................................................. DATE

Due Date: 12/31/2019
Revenue ID: 1320373
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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- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

SPRINGFIELD ANTIQUE CENTER
1735 TITUS RD
SPRINGFIELD, OH 45502

WATER SYSTEM INFORMATION

| Name: | GALLERY 59 LLC |
| PWS ID: | OH1246312 |
| 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: GALLERY 59 LLC
Contact NAME: SPRINGFIELD ANTIQUE 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: 1319489
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319489 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.

LITTLE MIAMI CANOE RENTAL
C/O RUSS RITZ
219 MILL ST
MORROW, OH 45152

WATER SYSTEM INFORMATION
Name: LITTLE MIAMI CANOE RENTAL PWS
PWS ID: OH8361212
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319930
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: WILDERNESS RIDGE RETREAT CAMDEN |
| PWS ID: OH6836312 |
| System Type: TRANSIENT NONCOMMUNITY |
| Number of Wells: 1 |
| Surface Water Source: No |

---

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: **$112.00**

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**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS 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 RIDGE RETREAT CAMDEN  
**PWS ID:** OH6836312  
**Contact NAME:** CAMP PROPERTIES 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: | 1321043 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321043 000011200 LFCWS 0000000000 A |
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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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FULTON FARM PWS
Contact NAME: FULTON 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.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319483 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319483 0000011200 LFCWS 000000000 9 |

---

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: FULTON FARM PWS
Contact NAME: FULTON 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.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319483 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319483 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FULTON FARM CAMP PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5548512</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

| Pay this amount: | **$112.00** |

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: FULTON FARM CAMP PWS

Contact NAME: FULTON 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.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319482 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 0 |

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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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
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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: CAMP QTOKEE
Contact NAME: CAMP QTOKEE

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318997 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318997 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.

FROSTYS RV PARK AND CAMPGROUND
DAVE FROST
344 E NORTH ST
LIMA, OH 45801

WATER SYSTEM INFORMATION

Name: FROSTYS RV PARK AND CAMPGROUND PWS
PWS ID: OH4650912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 2
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FROSTYS RV PARK AND CAMPGROUND PWS
Contact NAME: FROSTYS RV PARK AND CAMPGROUND

SIGNATURE OF OWNER

DATE

Due Date: 12/31/2019
Revenue ID: 1319479
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
**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>CHEROKEE LANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4632112</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>
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<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>Attached is a handout that 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 Southwestern District Office - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For information on paying by credit card go to http://epa.ohio.gov

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS 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 LANDING  
**PWS ID:** OH4632112

**Contact NAME:** CHEROKEE 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
<td>Revenue ID:</td>
<td>1319083</td>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
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</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.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN... Application MUST 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

Name: DOLLAR GENERAL #16484 - SEVEN MILE PWS
PWS ID: OH0939717
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DOLLAR GENERAL #16484 - SEVEN MILE PWS
PWS ID: OH0939717
Contact NAME: DOLLAR GENERAL CORP

SIGNATURE OF OWNER ___________________________ DATE __________

Due Date: 12/31/2019
Revenue ID: 1319304
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

1319304 0000011200 LFCWS 0000000000 b
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KIDDIE KINGDOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2941912</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>37</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

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**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: KIDDIE KINGDOM

Contact NAME: KIDDIE KINGDOM 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: 1319818

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1319818 0000011200 LFCWS 000000000 5
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BEECHWOOD GOLF COURSE
1476 STATE ROUTE 503
ARCANUM, OH 45304

WATER SYSTEM INFORMATION
Name: BEECHWOOD GOLF COURSE-CLUBHOUSE
PWS ID: OH1947612
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 GOLF COURSE-CLUBHOUSE
Contact NAME: BEECHWOOD 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: 1318823
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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: FROGGYS AT THE LAKE</td>
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</tr>
<tr>
<td>PWS ID: OH4646312</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>

Based on the 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: FROGGYS AT THE LAKE
Contact NAME: FROGGYS AT THE 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: 1319476
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**CHEROKEE HILLS GOLF COURSE**
MIKE VIEIRA
4622 COUNTY ROAD 49
BELLEFONTAINE, OH 43311

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CHEROKEE HILLS GOLF COURSE</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4632012</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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| 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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**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:** CHEROKEE HILLS GOLF COURSE  
**PWS ID:** OH4632012  
**Contact NAME:** CHEROKEE HILLS GOLF COURSE

**SIGNATURE OF OWNER** ____________________________ **DATE** ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
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<th>12/31/2019</th>
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<tr>
<td>Revenue ID:</td>
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<td>Amount Due:</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td>1319082 0000011200 LFCWS 0000000000 4</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.

DOLLAR GENERAL CORP
ATTN: SHEILA SCULL, ENV. COMPLIANCE
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #16261 - HUNTSVILLE PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4652620</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>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 #16261 - HUNTSVILLE PWS
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: 1319302
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1319302 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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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BOBS NICKEL SAVER PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6836112</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>
<td>No</td>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
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<tbody>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**APPLICATION 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.**

<table>
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<tr>
<th>DDAGW PW: Public Water System License to Operate (LFCWS)</th>
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<tbody>
<tr>
<td><strong>PWS NAME:</strong> BOBS NICKEL SAVER PWS</td>
</tr>
<tr>
<td><strong>Contact NAME:</strong> BOBS NICKEL SAVER</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.

| Pay to: Treasurer, State of Ohio. Revenue ID: 1318885 Amount Due: $112.00 Type Code: LFCWS |
|---|---|---|
| Due Date: 12/31/2019 | Revenue ID: 1318885 | Amount Due: $112.00 |
| Transaction ID: | | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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<thead>
<tr>
<th>Name:</th>
<th>FRATERNAL ORDER OF EAGLES PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4632812</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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<tr>
<th>TOTAL</th>
<th>Pay this amount: $112.00</th>
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</thead>
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<td></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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
     - 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: FRATERNAL ORDER OF EAGLES PWS
Contact NAME: FRATERNAL ORDER OF EAGLES

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319469
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319469 000001200 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.**

---

**LIBERTY HILLS GOLF CLUB**

665 TOWNSHIP RD 190 W
BELLEFONTAINE, OH 43311

---

**CONFIRM THE WATER SYSTEM INFORMATION…**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

---

**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
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**RETURN APPLICATION PROMPTLY…**

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: LIBERTY HILLS GOLF CLUB</th>
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<td>PWS ID: OH4639112</td>
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<td>Number of Wells: 1</td>
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<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.

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**

---

**DETACH THIS 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 HILLS GOLF CLUB

**Contact NAME:** LIBERTY HILLS GOLF CLUB

**SIGNATURE OF OWNER**

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

---

<table>
<thead>
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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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<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WILDCAT WOODS CAMPGROUND
KURT AND KELLY BROWN
1355 WILDCAT RD
GREENVILLE, OH 45331

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - 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: WILDCAT WOODS CAMPGROUND
Contact NAME: WILDCAT WOODS 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: 1321041
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1321041 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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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BOBBER'S DRIVE THRU &amp; DELI PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4652619</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Pay this amount:</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.

**CONFIRM THE WATER SYSTEM INFORMATION...**

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DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** BOBBER'S DRIVE THRU & DELI PWS

**PWS ID:** OH4652619

**Contact NAME:** BOBBER'S DRIVE THRU & DELI

**SIGNATURE OF OWNER** ________________________________ **DATE** ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318884
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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FRATERNAL ORDER OF EAGLES
14011 COLLINGWOOD AVE
LAKEVIEW, OH 43331

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: FRATERNAL ORDER OF EAGLES ANNEX PWS PWS ID: OH4648912
Contact NAME: FRATERNAL ORDER OF EAGLES

SIGNATURE OF OWNER ________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319468
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:


**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name:</th>
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<tr>
<td>PWS ID:</td>
<td>OH6835412</td>
</tr>
<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</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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</table>

**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
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<td>Pay this amount: $112.00</td>
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1319914  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FRANCIS FURNITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4646712</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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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FRANCIS FURNITURE
Contact NAME: FRANCIS 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

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<th>Due Date:</th>
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<tr>
<td>Transaction ID:</td>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: PAT AND MARTHAS PWS
Contact NAME: PAT AND MARTHAS

SIGNATURE OF OWNER ____________________________ DATE ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320322
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

LEHMKUHLS LANDING PROP OWNERS ASSOC
PO BOX 95
MINSTER, OH 45865

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LEHMKUHLS LANDING-NORTH PWS</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH7501712</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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: LEHMKUHLS LANDING-NORTH PWS
Contact NAME: LEHMKUHLS LANDING PROP OWNERS 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: 1319911
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319911 0000011200 LFCWS 000000000 1
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: KICK BACK CAMPING
Contact NAME: KICK BACK CAMPING

SIGNATURE OF OWNER _______________________________ DATE _______________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005 

Due Date: 12/31/2019
Revenue ID: 1319817
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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 MEDWAY MEMORIAL POST 9684
1587 N LAKE RD
NEW CARLISLE, OH 45344

#### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>VFW MEDWAY MEMORIAL POST 9684</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1240112</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>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.

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS 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 MEDWAY MEMORIAL POST 9684
**PWS ID:** OH1240112
**Contact NAME:** VFW MEDWAY MEMORIAL POST 9684

**SIGNATURE OF OWNER** ____________________________ **DATE** __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320953 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320953 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.**

---

**TURTLE CREEK GOLF COURSE**

6545 STATE RTE 36 E

PO BOX 36

GREENVILLE, OH 45331

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TURTLE CREEK GOLF COURSE</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1934112</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>

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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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**PAY 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: TURTLE CREEK GOLF COURSE

PWS ID: OH1934112

Contact NAME: TURTLE 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

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| Due Date: | 12/31/2019 |
| Revenue ID: | 1320905 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320905 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.

C & L HOMES, LLC
2201 S. WAPAK RD.
LIMA, OH 45805

WATER SYSTEM INFORMATION

Name: PARKSIDE CAMPGROUND PWS
PWS ID: OH4652624
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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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: PARKSIDE CAMPGROUND PWS
Contact NAME: C & L HOMES, 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: 1320320
Amount Due: $112.00
Type Code: 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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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: AULLWOOD FARM DISCOVERY CENTER
Contact NAME: AULLWOOD AUDUBON CTR & 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: 1318779
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.

---

**LEHMKUHLS LANDING PROP OWNERS ASSOC**
PO BOX 95
MINSTER, OH 45865

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LEHMKUHLS LANDING EAST PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7501612</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>

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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:** LEHMKUHLS LANDING EAST PWS

**PWS ID:** OH7501612

**Contact NAME:** LEHMKUHLS LANDING PROP OWNERS 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: | 1319910 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |

---

1319910 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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2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
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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...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: PARKER TRUTEC WEST PWS
Contact NAME: PARKER TRUTEC

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

| Ohio EPA |
| PO BOX 77005 |
| Cleveland, OH 44194-7005 |

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320317 |
| 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/

4. RETURN APPLICATION PROMPTLY...
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---

WATER SYSTEM INFORMATION

Name: PARKER TRUTEC INDUSTRIES  
PWS ID: OH1134112
System Type: NONCOMMUNITY NONTRANSIENT  
Population Served: 140  
Surface Water Source: No

FEES FOR YEAR 2020  TOTAL

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: PARKER TRUTEC INDUSTRIES  
PWS ID: OH1134112
Contact NAME: PARKER TRUTEC

SIGNATURE OF OWNER  DATE

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1320316  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID: 1320316 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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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name:</th>
<th>DOLLAR GENERAL #12321 - LAKEVIEW PWS</th>
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</thead>
<tbody>
<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>
</tr>
<tr>
<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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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.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**SIGNATURE OF OWNER** ___________________________________________ **DATE** __________________

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319293
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

KEYHOLE TAVERN
ROBERT MESCHER
6621 STATE ROUTE 66
FORT LORAMIE, OH 45845

WATER SYSTEM INFORMATION

Name: KEYHOLE TAVERN
PWS ID: OH7532312
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: KEYHOLE TAVERN
Contact NAME: KEYHOLE 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.

Due Date: 12/31/2019
Revenue ID: 1319816
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319816 000011200 LFCWS 000000000
PARK TERRACE MHP
MR. & MRS. DON MCMANAN OR LORI
3448 VALLEY ST
RIVERSIDE, OH 45424

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: PARK TERRACE MHP
Contact NAME: PARK TERRACE 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: 1320315
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320315 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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FOUR SEASONS MARINA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3139712</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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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:** FOUR SEASONS MARINA

**Contact NAME:** TOWNE PROPERTIES

**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: | 1319459 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319459 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.

LAZY R CAMPGROUND - DARKE
8714 US RT 36
BRADFORD, OH 45308

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: LAZY R CAMPGROUND</th>
<th>LAZY R CAMPGROUND</th>
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<tr>
<td>PWS ID: OH1948012</td>
<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 2</td>
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</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
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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>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.

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- For information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LAZY R CAMPGROUND
Contact NAME: LAZY R CAMPGROUND - DARKE

SIGNATURE OF OWNER ___________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319900
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319900 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: FOUNDATIONS
Contact NAME: FOUNDATIONS

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

1319457 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

<1> CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

<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: CHARLESTON FALLS PRESERVE - RESTROOM PWS PWS ID: OH5552312
Contact NAME: MIAMI 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: 1319073
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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.

LAKEVIEW MARATHON -
12500 SR 235 N
LAKEVIEW, OH 43331

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: LAKEVIEW MARATHON</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH4650312</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>

FEES FOR YEAR 2020

Based on the 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application 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: LAKEVIEW MARATHON
Contact NAME: LAKEVIEW 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: 1319892
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
## 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

**NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.**

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WHITEWATER SENIOR CENTER PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3138812</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>
<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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</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

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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 PWS- Public Water System License to Operate (LFCWS)

**PWS NAME:** WHITEWATER SENIOR CENTER PWS

**Contact NAME:** WHITEWATER TOWNSHIP TRUSTEES

**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: | 1321035 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321035 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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---

**WATER SYSTEM INFORMATION**

Name: VFW 6557 PWS
PWS ID: OH5553412
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

**FEES FOR YEAR 2020**

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
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<tbody>
<tr>
<td>Name:</td>
</tr>
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<tr>
<td>System Type:</td>
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<tr>
<td>Number of Wells:</td>
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<tr>
<td>Surface Water Source:</td>
</tr>
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<table>
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<tr>
<th>FEES FOR YEAR 2020</th>
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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: PAK-A-SAK 38 PWS
Contact NAME: PAK-A-SAK 38

SIGNATURE OF OWNER ___________________________ DATE __________

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Ohio EPA
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Cleveland, OH 44194-7005
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---

**PAK-A-SAK 37**  
533 S 200 W  
P.O. BOX 1285  
PORTLAND, IN 47371

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
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<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

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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...**
   Please pay the required fee by check, money order or credit card.
   • Make check or money order payable to: TREASURER STATE OF OHIO
   • For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** PAK-A-SAK 37 PWS  
**PWS ID:** OH1948712

**Contact NAME:** PAK-A-SAK 37

**SIGNATURE OF OWNER** ___________________________  **DATE** ________________

Pay to:  **Treasurer, State of Ohio.**  Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019

| Revenue ID: 1320301 |
| Amount Due: $112.00 |
| Type Code: LFCWS |

---

1320301 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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: LAKEVIEW CLARK Contact NAME: SINGH, SAM
PWS ID: OH4651012

SIGNATURE OF OWNER ____________________________________________ DATE __________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319891
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
FORT HAMILTON HOSPITAL
630 EATON AVE
HAMILTON, OH 45013

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FORT HAMILTON HOSPITAL PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH0939921</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>146</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>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay this amount:</strong></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.

**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: FORT HAMILTON HOSPITAL PWS
Contact NAME: FORT HAMILTON 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: 1319453
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.

AULLWOOD AUDUBON CTR & FARM
1000 AULLWOOD RD
DAYTON, OH 45414-1129

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. Confirm the water system information...
   Such as system name, system type, mailing address, and fee amount.
   If this information is incorrect contact southwest district office - DDAGW at 937-285-6357

2. Sign...
   Application MUST be signed and dated in the designated area below.

3. Pay Fees...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For information on paying by credit card go to http://epa.ohio.gov/

4. Return application promptly...
   Return the signed application along with the appropriate fee by the due date listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: AULLWOOD AUDUBON NATURE CENTER PWS
Contact NAME: AULLWOOD AUDUBON CTR & 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: 1318778
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**DESPERADOS LLC**

**PO BOX 372**

**HUNTSVILLE, OH 43324**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DESPERADOS PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4640012</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

| Based on the water system information taken from above, the fee owed by your water system is shown in the total column. |
| Pay this amount: | $112.00 |

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** DESPERADOS PWS

**PWS ID:** OH4640012

**Contact NAME:** DESPERADOS 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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| Due Date: | 12/31/2019 |
| Revenue ID: | 1319285 |
| 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.

WHITEWATER PROCESSING INC.
KELLY KOPP
10964 CAMPBELL ROAD
HARRISON, OH 45030

WATER SYSTEM INFORMATION
Name: WHITENATER PROCESSING INC
PWS ID: OH3136212
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 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: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WHITENATER PROCESSING INC
Contact NAME: WHITENATER PROCESSING 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: 1321034
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321034 0000011200 LFCWS 0000000000 9
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CHAPS PWS
Contact NAME: CHAPS

PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on 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: 1319070

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<tr>
<th>Item</th>
<th>Description</th>
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<tr>
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<td>Due Date</td>
<td>12/31/2019</td>
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<td>Revenue ID</td>
<td>1319070</td>
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<tr>
<td>Type Code</td>
<td>LFCWS</td>
</tr>
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</table>

Signature of Owner: __________________________ Date: ________________
2020  PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1320288

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

OLDE SCHOOLHOUSE VINEYARD & WINERY LLC
P.O. BOX 230
8538 STATE ROUTE 726
ELDORADO, OH 45321

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>OLDE SCHOOLHOUSE VINEYARD &amp; WINERY LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6837513</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

<table>
<thead>
<tr>
<th>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
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</table>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: OLDE SCHOOLHOUSE VINEYARD & WINERY LLC PWS ID: OH6837513
Contact NAME: OLDE SCHOOLHOUSE VINEYARD & WINERY 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: 1320288
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BURNS, RON
P.O. BOX 930
SAINT PARIS, OH 43072

<table>
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<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<td>Name:</td>
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<td>PWS ID: OH1132412</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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<td>Surface Water Source: No</td>
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FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: LAKELAND GOLF CLUB
Contact NAME: BURNS, RON

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319885
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

OLD US 35 CAMPGROUND
4223 ST. RT. 35
JAMESTOWN, OH 45335

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>OLD US 35 CAMPGROUND</th>
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<tr>
<td>PWS ID:</td>
<td>OH2957112</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>
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<tr>
<td>Pay this amount: $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.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 US 35 CAMPGROUND

**Contact NAME:** OLD US 35 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: 1320287
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

OLD MILL CAMP-PRESSURE
3524 COUNTY RD 130
BELLEFONTAINE, OH 43311

WATER SYSTEM INFORMATION

Name: OLD MILL CAMP PWS ID: OH4636412
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 MILL CAMP PWS ID: OH4636412
Contact NAME: OLD MILL CAMP-PRESSURE

SIGNATURE OF OWNER ___________________________ DATE ___________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320283
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.

LAKE VIEW VILLAGE
JEFF SOMMER
12550 STATE ROUTE 362
MINSTER, OH 45865

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name:          | LAKE VIEW VILLAGE MHP          |
| PWS ID:        | OH7501312                      |
| System Type:   | COMMUNITY                      |
| Number of Service Connections: | 40                              |
| 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to:
  TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<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: LAKE VIEW VILLAGE MHP
Contact NAME: LAKE VIEW 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: 1319881
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.

WHITE SPRINGS GOLF CLUB
FOREMAN'S TRUST
3630 ST RTE 571 W
GREENVILLE, OH 45331

WATER SYSTEM INFORMATION
Name: WHITE SPRINGS GOLF CLUB
PWS ID: OH1939612
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: WHITE SPRINGS GOLF CLUB
Contact NAME: WHITE 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: 1321032
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CLAYTON, CITY OF
P.O. BOX 280
RICHARD ROSE C/O CITY OF CLAYTON
CLAYTON, OH 45315-0280

WATER SYSTEM INFORMATION
Name: JANICE WARD COMMUNITY CENTER PWS
PWS ID: OH5750625
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>Name</th>
<th>Pay this amount:</th>
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<tbody>
<tr>
<td>JANICE WARD COMMUNITY CENTER PWS</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY 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: JANICE WARD COMMUNITY CENTER PWS
PWS ID: OH5750625
Contact NAME: CLAYTON, 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: 1319773
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go 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: TURKEYFOOT RESORT</th>
<th>PWS ID: OH4637612</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

| Based on the 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 RESORT

**Contact NAME:** TURKEYFOOT 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.

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320903 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320903 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.

# 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TROY FISH AND GAME CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5535612</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>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

Attached is a handout that 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS 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 FISH AND GAME CLUB  
**PWS ID:** OH5535612

**Contact NAME:** TROY FISH & GAME 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: | 1320883 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

A & R UNION CITY PARK MHP
ALEX RECK
5385 CROFTMILL RD
BRADFORD, OH 45308

**WATER SYSTEM INFORMATION**

Name: A AND R UNION CITY PARK MHP PWS
PWS ID: OH1900812
System Type: COMMUNITY
Number of Service Connections: 41
Surface Water Source: No

**FEES FOR YEAR 2020**

Pay this amount:

**TOTAL**

$112.00

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

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- Make check or money order payable to: TREASURER STATE OF OHIO
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RETURN APPLICATION PROMPTLY...

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: A AND R UNION CITY PARK MHP PWS
Contact NAME: A & R UNION CITY PARK 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: 1318695
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

FLIP FLOP COVE CAMPGROUND
JASON KREMER
15882 STATE RTE 235 N
BELLE CENTER, OH 43310

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FLIP FLOP COVE CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4650612</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>
<th>TOTAL</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>
<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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** FLIP FLOP COVE CAMPGROUND

**Contact NAME:** FLIP FLOP COVE 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: | 1319445 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319445 00000011200 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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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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 ANNIE OAKLEY
Contact NAME: OLD ANNIE OAKLEY

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320279
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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: LAKE OF THE WOODS 5 OFFICE  
PWS ID: OH5735912  
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>Name: LAKE OF THE WOODS 5 OFFICE</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**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: LAKE OF THE WOODS 5 OFFICE  
PWS ID: OH5735912  
Contact NAME: LAKE OF THE WOODS SPORTSMANS CLUB 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: | 1319878 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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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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>CHAMPION CAMPING CLUB PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</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.

Attached is a handout that 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

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: CHAMPION CAMPING CLUB PWS

Contact NAME: CHAMPION CAMPING 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>12/31/2019</th>
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<tr>
<td>Transaction ID:</td>
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</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>OHIO EAGLES RECREATION PARK PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4630012</td>
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<tr>
<td>System Type:</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<tr>
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<td>No</td>
</tr>
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## 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.

## FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS 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 EAGLES RECREATION PARK PWS

**PWS ID:** OH4630012

**Contact NAME:** OHIO EAGLES RECREATION 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: | 1320264 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320264 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.

CARLEY, DAN
2890 SOUTH MAIN
MIDDLETOWN, OH 45044

WATER SYSTEM INFORMATION

Name: LAKE OF THE WOODS 4 HARMONY COVE
PWS ID: OH5735812
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 OF THE WOODS 4 HARMONY COVE
Contact NAME: CARLEY, 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: 1319877
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WILLIAMSON, CHARLES
4023 MEADOWBROOK DR
UNIT 113
LONDON, ON

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
Application MUST be signed and dated in the designated area below.

3 PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 VALLEY MHP
Contact NAME: WILLIAMSON, CHARLES

PAY TO: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321029
Amount Due: $112.00
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 EAGLES RECREATION PARK MID.

Contact NAME: OHIO EAGLES RECREATION 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: 1320263
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320263000011200 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: FIRST BAPTIST CHURCH OF NEW CARLISLE-DAY

Contact NAME: FIRST BAPTIST CHURCH OF NEW CARLISLE

SIGNATURE OF OWNER __________________________  DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319435
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319435 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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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ALBERT HURLEY CAMP 1
Contact NAME: ALBERT HURLEY CAMP 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: 1318718
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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.

OHIO BUSINESS COLLEGE MIDDLETOWN
OHIO BUSINESS COLLEGE MIDDLETOWN
690 GERMANTOWN ROAD
GERMANTOWN, OH 45042

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: OHIO BUSINESS COLLEGE-MIDDLETOWN
Contact NAME: OHIO BUSINESS COLLEGE MIDDLETOWN

SIGNATURE OF OWNER ___________________________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320259
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320259 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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   Such as System Name, System Type, Mailing Address, and Fee Amount.
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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: FIREHOUSE PIZZA PWS
Contact NAME: STRAKER 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:</th>
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<td>Transaction ID:</td>
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</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

A&E CAMPGROUND LLC
MR. ERIC SIEFRING
3299 STATE RTE 540
BELLEFONTAINE, OH 43311

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN... Application MUST be signed and dated in the designated area below.

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4 RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: A&E CAMPGROUND LLC
Contact NAME: A&E 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.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318697
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.**

---

**KAVANAGH WILDLIFE FARM INC**
6218 ROGERS RD
JAMESTOWN, OH 45335

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>KAVANAGH WILDLIFE FARM INC PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2958612</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>
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**FEES FOR YEAR 2020**

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<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</td>
<td>Pay this amount: $112.00</td>
</tr>
<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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** KAVANAGH WILDLIFE FARM INC PWS

**PWS ID:** OH2958612

**Contact NAME:** KAVANAGH WILDLIFE FARM 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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</tbody>
</table>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: JAMAICA RUN GOLF CLUB
Contact NAME: JAMAICA RUN 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
**NO 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>BLUE BELL BEACH PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3139512</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>

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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.

---

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1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
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2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BLUE BELL BEACH PWS

Contact NAME: BLUE BELL BEACH -

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318875 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318875 0000011200 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 Southwestern District Office - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST 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/

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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:** OAKDALE CAMP  
**PWS ID:** OH4635912  
**Contact NAME:** OAKDALE 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:** 1320181  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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:** 1318688

---

**47 BAR AND GRILL**

KIM PFLUM  
PO BOX 216  
PORT JEFFERSON, OH 45360

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>47 BAR AND GRILL</th>
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<tbody>
<tr>
<td>PWS ID:</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>
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**FEES FOR YEAR 2020**

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<tr>
<th>Base</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>Pay this amount: <strong>$112.00</strong></td>
</tr>
</tbody>
</table>

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**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.**

---

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** 47 BAR AND GRILL  
**Contact NAME:** 47 BAR AND 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

---

<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>1318688</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.

FARMERSVILLE/JACKSON TWP RECREATION
117 EAST WALNUT STREET
FARMERSVILLE, OH 45325

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>FARMERSVILLE/JACKSON TWP REC COMM CTR</th>
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<tbody>
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<td>PWS ID:</td>
<td>OH5742712</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>

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area 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

Pay fees...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: FARMERSVILLE/JACKSON TWP REC COMM CTR
Contact NAME: FARMERSVILLE/JACKSON TWP RECREATION
PWS ID: OH5742712

SIGNATURE OF OWNER _______________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319425
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 CREST CAMP
Contact NAME: OAK CREST 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
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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 OF THE WOODS SPORTSMANS CLUB LLC
2890 SOUTH MAIN ST
MIDDLETOWN, OH 45044

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

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RETURN APPLICATION PROMPTLY...
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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: LAKE OF THE WOODS 3 CLUBHOUSE
Contact NAME: LAKE OF THE WOODS SPORTSMANS CLUB LLC
PWS ID: OH5735712

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, 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: 1319876
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER
SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS
ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR
TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS
APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: A BROWN AND SONS NURSERY OFFICE PWS
Contact NAME: A BROWN AND SONS NURSERY 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: 1318696
Amount Due: $112.00
Type Code: 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: CEDARVILLE UNIVERSITY
- PWS ID: OH2903612
- System Type: COMMUNITY
- Number of Service Connections: 42
- 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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:** CEDARVILLE UNIVERSITY

**Contact NAME:** CEDARVILLE UNIVERSITY

**SIGNATURE OF OWNER** ___________________________ **DATE** ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319057
Amount Due: $112.00
Type Code: 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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   - 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:** BLUE AND WHITE TAVERN

**Contact NAME:** BROERMAN, NICHOLAS

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318872 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318872 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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DETACH THIS 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 OF THE WOODS 2 LAKE
Contact NAME: LAKE OF THE WOODS SPORTSMANS CLUB 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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LAKE OF THE WOODS SPORTSMANS CLUB LLC
2890 SOUTH MAIN ST
MIDDLETOWN, OH 45044

WATER SYSTEM INFORMATION

| Name: LAKE OF THE WOODS 2 LAKE |
| PWS ID: OH5735612 |
| 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>
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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.
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

FARMERS MARKET
MICHAEL ALLEN
4269 STATE RTE 732
EATON, OH 45320

<table>
<thead>
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<th>WATER SYSTEM INFORMATION</th>
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<td>Surface Water Source: No</td>
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FEES FOR YEAR 2020
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IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: FARMERS MARKET PWS
Contact NAME: FARMERS MARKET

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319422
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
# 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**FARMER BROWN, INC.**

**6363 HOLLANSBURG-SAMPSON ROAD**

**ARCANUM, OH 45304**

---

**WATER SYSTEM INFORMATION**

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<thead>
<tr>
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<th>FARMER BROWN PWS</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1949212</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
</tr>
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## FEES FOR YEAR 2020

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<tr>
<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.

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** FARMER BROWN PWS

**PWS ID:** OH1949212

**Contact NAME:** FARMER BROWN, 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:** 1319421
**Amount Due:** $112.00
**Type Code:** LFCWS
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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>LAKE OF THE WOODS 1 HILLBROOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5735512</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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</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>
</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.

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS 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 OF THE WOODS 1 HILLBROOK

**PWS ID:** OH5735512

**Contact NAME:** LAKE OF THE WOODS SPORTSMANS CLUB 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: | 1319874 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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.

WESTERN BUCKEYE CHRISTIAN SERVICE CAM
5455 ROETH RD
HOUSTON, OH 45333

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name: WESTERN BUCKEYE CHRISTIAN SERVICE CAMP | 1 CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357 |
| PWS ID: OH7535612 | 2 SIGN... Application MUST be signed and dated in the designated area below. |
| System Type: TRANSIENT NONCOMMUNITY | 3 PAY FEES... Please pay the required fee by check, money order or credit card. |
| Number of Wells: 2 | - Make check or money order payable to: TREASURER STATE OF OHIO |
| Surface Water Source: No | - For Information on paying by Credit Card go to [http://epa.ohio.gov](http://epa.ohio.gov) |

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.

DETACH THIS 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 BUCKEYE CHRISTIAN SERVICE CAMP
Contact NAME: WESTERN BUCKEYE CHRISTIAN SERVICE 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: 1321016
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321016 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CREE PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4632412</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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<td>Surface Water Source:</td>
<td>No</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>
</tr>
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<tbody>
<tr>
<td>Pay this amount:</td>
</tr>
</tbody>
</table>

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** CREE PARK  
**PWS ID:** OH4632412  
**Contact NAME:** CREE 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: 1319227  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

CRACKERJAK CORNER
8975 S MAIN ST
GERMANTOWN, OH 45327

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: CRACKERJAK CORNER</td>
<td></td>
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<tr>
<td>PWS ID: OH5739612</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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<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.

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CRACKERJAK CORNER
Contact NAME: CRACKERJAK 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: 1319218 | Amount Due: $112.00 | Type Code: LFCWS | Transaction ID: |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: NORTHVIEW UTILITY CORPORATION PWS</td>
<td></td>
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<tr>
<td>PWS ID: OH7500912</td>
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<tr>
<td>System Type: COMMUNITY</td>
<td></td>
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<tr>
<td>Number of Service Connections: 47</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

Attached is a handout that 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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Pay to: Treasurer, 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:

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<td></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.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BROWN, ERIC
6521 BROWN RD
VERSAILLES, OH 45380

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>NORTHTOWNE COMMUNITIES LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1901012</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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</tr>
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<td>Surface Water Source:</td>
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FEES FOR YEAR 2020

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<tr>
<th></th>
<th>TOTAL</th>
</tr>
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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.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: NORTHTOWNE COMMUNITIES LLC
Contact NAME: BROWN, 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: 1320162
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td>Name:</td>
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<tr>
<td>PWS ID:</td>
<td>OH1247512</td>
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<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
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<td>Surface Water Source:</td>
<td>No</td>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money 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:** ZIP-IN CARRY OUT  
**PWS ID:** OH1247512

**Contact NAME:** ZIP IN 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.

<table>
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<th>Due Date:</th>
<th>12/31/2019</th>
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<tbody>
<tr>
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<tr>
<td>Transaction ID:</td>
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</tbody>
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IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: NORTH STAR HARDWARE AND IMPLEMENT CO PWS
Contact NAME: NORTH STAR HARDWARE AND IMPLEMENT 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: 1320155
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320155 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.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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: 1319053

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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:** CEDAR HILL CAMPGROUND

**PWS ID:** OH3637012

**Contact NAME:** CEDAR HILL 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:** | 1319053 |
| **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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---

**LA PIZZERIA**

7439 ST RTE 366

HUNTSVILLE, OH 43324

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>LA PIZZERIA PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4648312</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>
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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...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

---

**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.

---

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

**DDAGW PW: Public Water System License to Operate (LFCWS)**

**PWS NAME:** LA PIZZERIA PWS

**PWS ID:** OH4648312

**Contact NAME:** LA PIZZERIA

**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:** 1319856

**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

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: KAFFENBARGER TRUCK EQUIPMENT
Contact NAME: KAFFENBARGER TRUCK 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

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount:</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name: KAFFENBARGER TRUCK EQUIPMENT</th>
<th>PWS ID: OH1237912</th>
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<tbody>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Population Served: 44</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name: KAFFENBARGER Truck Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10100 BALLENTINE PIKE</td>
</tr>
<tr>
<td>NEW CARLISLE, OH 45344</td>
</tr>
</tbody>
</table>

Invoice/Revenue ID: 1319805
Due Date: 12/31/2019
Revenue ID: 1319805
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE Holder that proposes to continue operating a Public Water System for which the license was issued shall return a completed application and appropriate fee to the Director at least 30 days prior to the expiration date of the current license.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

BACON, BRIAN T.
11539 GLYNWOOD RD
WAPAKONETA, OH 45895

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>INDIAN TRAILS RESORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4652012</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>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>

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** INDIAN TRAILS RESORT  
**PWS ID:** OH4652012  
**Contact NAME:** BACON, BRIAN T.

**SIGNATURE OF OWNER** ___________________________  **DATE** _____________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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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<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1319740 0000011200 LFCWS 000000000 8</td>
</tr>
</tbody>
</table>
IN INDIAN LAKE REHABILITATION CENTER
14442 STATE ROUTE 33 WEST
LAKEVIEW, OH 43331

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: INDIAN LAKE REHABILITATION CENTER
Contact NAME: INDIAN LAKE REHABILITATION 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: 1319738
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319738 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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CEDAR BOG NATURE PRESERVE EDUC CENTER
Contact NAME: OHIO HISTORICAL 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: 1319052
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319052 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.

INTEGRAL LAKE MOOSE
ADMINISTRATOR
11044 LAKE ST
LAKEVIEW, OH 43331

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: INDIAN LAKE MOOSE</th>
<th>PWS ID: OH4632212</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>Name: INDIAN LAKE MOOSE</th>
<th>PWS ID: OH4632212</th>
</tr>
</thead>
<tbody>
<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>

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: INDIAN LAKE MOOSE
Contact NAME: INDIAN LAKE MOOSE

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319737
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.**

---

**INDIAN HILLS 4H CAMP**  
**MIAMI COUNTY 4-H CAMP MANAGER**  
**PO BOX G, 8212 W LAUVER RD**  
**PLEASANT HILL, OH 45359**

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>INDIAN HILLS 4H CAMP PWS</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5532412</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

- Pay this amount: **$112.00**

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - **IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - 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:** INDIAN HILLS 4H CAMP PWS  
**PWS ID:** OH5532412

**Contact NAME:** INDIAN HILLS 4H CAMP

**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>
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<th>Due Date:</th>
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<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1319736 0000011200 LFCWS 000000000 4</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: NORTH BAY COTTAGES
Contact NAME: ROCKY FORK PARKS 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: 1320145
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN... Application MUST be signed and dated in the designated area below.

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: DAYTON VA BLDG 410
Contact NAME: DAYTON DEPARTMENT OF VETERAN AFFAIRS

SIGNATURE OF OWNER _____________________________ DATE _____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319270
Amount Due: $112.00
Type Code: 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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   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: INDIAN HILL WINTER CLUB PWS
Contact NAME: INDIAN HILL WINTER 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: 1319735
Amount Due: $112.00
Type Code: 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.
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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...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HUSTEAD MARATHON PWS
Contact NAME: HUSTEAD GAS AND FOOD MART

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319730
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: NNCK MARATHON
PWS ID: OH5748012
Contact NAME: NNCK 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.

Payable to: Treasurer, State of Ohio
Treasurer, State of Ohio
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320143
Amount Due: $112.00
Type Code: 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.

HUSSSEYS RESTAURANT
STEVE AND PAULA BUTTERFIELD
PO BOX 114, 8760 BROAD STREET
PORT JEFFERSON, OH 45360

WATER SYSTEM INFORMATION
Name: HUSSSEYS RESTAURANT PWS
PWS ID: OH7532712
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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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: HUSSSEYS RESTAURANT PWS
Contact NAME: HUSSSEYS 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: 1319729
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319729 0000011200 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.

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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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: HUNTSVILLE MARASTOP PWS
Contact NAME: V E BEARD OIL 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: 1319728
Amount Due: $112.00
Type Code: 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>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>FAIR VALLEY COUNTRY CLUB</td>
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<tr>
<td>PWS ID</td>
<td>OH5744312</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**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:** FAIR VALLEY COUNTRY CLUB  
**PWS ID:** OH5744312

**Contact NAME:** FAIR VALLEY 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

<table>
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<td>Type Code</td>
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</tr>
<tr>
<td>Transaction ID</td>
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</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

### 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

**DAYTON DEPARTMENT OF VETERAN AFFAIRS**

4100 W. THIRD ST  
DAYTON, OH 45428-9000

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>DAYTON VA BLDG 320 POD D</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5750622</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td>Population Served:</td>
<td>68</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><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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

- Application MUST be signed and dated in the designated area below.

**PAY FEES...**

- Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

- Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)  
PWS NAME: DAYTON VA BLDG 320 POD D  
Contact NAME: DAYTON DEPARTMENT OF VETERAN AFFAIRS

**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: | 1319269 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319269 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.

**KUHNS MOLD & TOOL CO.**

9360 W. NATIONAL ROAD
BROOKVILLE, OH 45309

---

**WATER SYSTEM INFORMATION**

Name: K AND B MOLDED PRODUCTS
PWS ID: OH5747512
System Type: NONCOMMUNITY NONTRANSIENT
Population Served: 65
Surface Water Source: No

**FEES FOR YEAR 2020**

<table>
<thead>
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<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.
   - If this information is incorrect contact Southwest District Office - DDAGW at 937-285-6357

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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---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: K AND B MOLDED PRODUCTS
Contact NAME: KUHNS MOLD & TOOL 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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<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Revenue ID:</td>
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<td>Transaction ID:</td>
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2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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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.

JACKIES PLACE
JACKIE HOWELL
113 W. MAIN ST.
ROSSBURG, OH 45362

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

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RETURN APPLICATION PROMPTLY...
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WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>JACKIES PLACE PWS</th>
</tr>
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<tr>
<td>PWS ID:</td>
<td>OH1937312</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

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: JACKIES PLACE PWS
Contact NAME: JACKIES PLACE

SIGNATURE OF OWNER ___________________________ DATE ____________

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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: 1319765
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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Application MUST be signed and dated in the designated area below.

2. IMPORTANT

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: HUFFMAN METROPARK MOMBA WELL PWS
Contact NAME: HUFFMAN METROPARK MOMBA WELL

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319722
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319722 0000011200 LFCWS 000000000 0
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

COUNTRY MEADOWS CONDO ASSOC.
JOE STALEY
212 SHARON DR.
PIQUA, OH 45356

WATER SYSTEM INFORMATION
Name: COUNTRY MEADOWS CONDO.
PWS ID: OH5500012
System Type: COMMUNITY
Number of Service Connections: 22
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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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/

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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.

Pay to: Treasurer, 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: 1319204
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

WATER SYSTEM INFORMATION

Name: NK PARTS INDUSTRIES R & D PWS
PWS ID: OH4652618
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.
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.
DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: NK PARTS INDUSTRIES R & D PWS
Contact NAME: SCHILLING, DEB

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320142
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HOWES HENS PWS
Contact NAME: HOWE, 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: 1319720
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.

HOWLAND, JOSH AND TRISHA
12861 CENTERFIELD RD
GREENFIELD, OH 45123

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS 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 CORNER MARKET PWS
Contact NAME: HOWLAND, JOSH AND TRISHA

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319196
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

---
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: NK PARTS INDUSTRIES INC PWS

Contact NAME: NK PARTS 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: | 1320141 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320141 00000011200 LFCWS 00000000 D |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: ZANE SHAWNEE CAVERNS
Contact NAME: ZANE SHAWNEE CAVERNS

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321104
Amount Due: $112.00
Type Code: 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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
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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: HOMESTEAD GOLF COURSE RESTROOM PWS
Contact NAME: HOMESTEAD 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: 1319703
Amount Due: $112.00
Type Code: 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** HOMESTEAD GOLF COURSE

**PWS ID:** OH5532212

**Contact NAME:** HOMESTEAD 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>Water System Information</th>
<th>Fees for Year 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: HOMESTEAD GOLF COURSE</td>
<td>TOTAL</td>
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<tr>
<td>PWS ID: OH5532212</td>
<td>$112.00</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>
<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 | |
NO 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.

FAIR HAVEN-SHELBY CO HOME
3475 CANAL ROAD NO. 1
MINSTER, OH 45865

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: FAIR HAVEN SHELBY COUNTY HOME</td>
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<tr>
<td>PWS ID: OH7501112</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<td>Number of Service Connections: 2</td>
<td></td>
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<tr>
<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.

Attached is a handout that 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

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: FAIR HAVEN SHELBY COUNTY HOME
Contact NAME: FAIR HAVEN-SHELBY CO 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

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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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<tr>
<td>Type Code: LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
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</table>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HOMECROFT, INC.
ROBERT D. LEE, DIRECTOR
245 N VALLEY RD
XENIA, OH 45385

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: HOMECROFT, INC. PWS
Contact NAME: HOMECROFT, 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: 1319701
Amount Due: $112.00
Type Code: 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: HOLLY’S CAFE & CARRY OUT
Contact NAME: HOLLY’S CAFE & CARRY OUT
PWS ID: OH5552612

**SIGNATURE OF OWNER** ___________________________________________________________________________  **DATE** __________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>
NO 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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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: NEX TRANSPORT BLDG 2 PWS
Contact NAME: NEX TRANSPORT -

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320139
Amount Due: $112.00
Type Code: 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>DAYTON VA BLDG 320 POD C</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5750621</td>
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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>Yes</td>
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### FEES FOR YEAR 2020

<table>
<thead>
<tr>
<th>TOTAL</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>

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: DAYTON VA BLDG 320 POD C
Contact NAME: DAYTON DEPARTMENT OF VETERAN AFFAIRS

SIGNATURE OF OWNER ____________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319268
Amount Due: $112.00
Type Code: 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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WEST ALEXANDRIA DAY CARE CENTER, INC.
CINDY DREES
7357 US ROUTE 35 EAST
WEST ALEXANDRIA, OH 45381

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WEST ALEXANDRIA DAY CARE CENTER, INC.
PWS ID: OH6830612
Contact NAME: WEST ALEXANDRIA DAY CARE 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: 1321007
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 2
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## WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>HOLLANSBURG PARK/BALL DIAMOND PWS</th>
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<tbody>
<tr>
<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>
<td>1</td>
</tr>
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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.

## CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

## SIGN...

Application MUST be signed and dated in the designated area below.

## PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

## RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** HOLLANSBURG PARK/BALL DIAMOND PWS

**Contact NAME:** HOLLANSBURG PARK/BALL DIAMOND

**SIGNATURE OF OWNER** _______________ **DATE** _______________

Pay to: Treasurer, 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: | 1319686 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 4 |

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.

COTTONWOOD LAKES CAMPGROUND
GARY & CONNIE GIERE
8549 ALTOFF ROAD
VERSAILLES, OH 45380

WATER SYSTEM INFORMATION
Name: COTTONWOOD LAKES CAMPGROUND
PWS ID: OH1944012
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: COTTONWOOD LAKES CAMPGROUND
Contact NAME: COTTONWOOD LAKES 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: 1319184
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319184 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.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

F O E 3491
COMMANDER
376 QUICK ROAD
NEW CARLISLE, OH 45344

FOLLOW THESE IMPORTANT STEPS IN Completing This Application

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>F O E 3491 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1231212</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>
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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>
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</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></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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

Sign...
Application MUST be signed and dated in the designated area below.

Pay Fees...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

Return Application Promptly...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 O E 3491 PWS
Contact NAME:  F O E 3491

SIGNATURE OF OWNER __________________________ DATE __________________________

Pay to:  Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319408
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319408 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.

COTTONWOOD ENTERPRISES
14310 S.R. 195
BELLE CENTER, OH 43310

<table>
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<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: COTTONWOOD ENTERPRISES</td>
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</tr>
<tr>
<td>PWS ID: OH4634612</td>
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<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 48</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
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</tr>
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</table>

FEES FOR YEAR 2020

<p>| | |</p>
<table>
<thead>
<tr>
<th></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>
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</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: COTTONWOOD ENTERPRISES
PWS ID: OH4634612
Contact NAME: COTTONWOOD ENTERPRISES

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319183
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BUILDERS 1ST SOURCE
4173 OLD SPRINGFIELD RD
VANDALIA, OH 45377

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: BUILDERS 1ST SOURCE
PWS ID: OH5741612
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BUILDERS 1ST SOURCE
Contact NAME: BUILDERS 1ST SOURCE

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318936
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318936 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NEX TRANSPORT BLDG 1 SOUTH PWS</th>
</tr>
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<tr>
<td>PWS ID:</td>
<td>OH4644122</td>
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<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>65</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.

Attached is a handout that 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- 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.

---

**SIGNATURE OF OWNER** _________________________  **DATE** _________________________

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

Due Date: 12/31/2019
Revenue ID: 1320138
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: NEX TRANSPORT BLDG 1 SOUTH PWS
Contact NAME: NEX TRANSPORT -
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: YMCA WILLSON CENTER-RANCH PWS
Contact NAME: YMCA WILLSON 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: 1321099
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1321099 0000011200 LFCWS 00000000001
NO 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.

A & R RECK MOBILE HOME PARK
ALEX RECK
5385 CROFT-MILL RD.
BRADFORD, OH 45308

WATER SYSTEM INFORMATION

Name: A & R RECK MOBILE HOME PARK
PWS ID: OH5500312
System Type: COMMUNITY
Number of Service Connections: 33
Surface Water Source: No

FEES FOR YEAR 2020

Pay this amount:
$112.00

CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount. IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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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Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318694
Amount Due: $112.00
Type Code: 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.

SZABO, CHARLOTTE
HILLCREST TAVERN, INC.
7073 S. R. 40 E.
LEWISBURG, OH 45338

WATER SYSTEM INFORMATION
Name: HILLCREST TAVERN INC.
PWS ID: OH6830812
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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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 TAVERN INC.
Contact NAME: SZABO, CHARLOTTE

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319666
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

NEX TRANSPORT -
13900 ST RT 287
EAST LIBERTY, OH 43319

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME:  NEX TRANSPORT BLDG 3 PWS
Contact NAME:  NEX TRANSPORT -

SIGNATURE OF OWNER __________________________ DATE ________________

Pay to:  Treasurer, State of Ohio. Please write the Revenue ID on 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: NEX TRANSPORT BLDG 3 PWS</th>
<th>PWS ID: OH4652617</th>
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</thead>
<tbody>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Population Served: 25</td>
</tr>
<tr>
<td>Surface Water Source: No</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.

BUCKHORN TAVERN
DEBBIE VANDERHULE
8800 MEEKER RD
DAYTON, OH 45414

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
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   - For Information on paying by Credit Card go to http://epa.ohio.gov/

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

<table>
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<tr>
<th>Name:</th>
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<tr>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
</tr>
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</table>

**IMPORTANT**

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** BUCKHORN TAVERN
**PWS ID:** OH5730912

**Contact NAME:** BUCKHORN TAVERN

**SIGNATURE OF OWNER** ___________________________ **DATE**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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<td>Transaction ID:</td>
<td></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>COOKIES MARKET</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8361412</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>
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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:** COOKIES MARKET  
**Contact NAME:** PBT ENTERPRISES

**SIGNATURE OF OWNER** ____________________________  **DATE** ______________

Pay to:  Treasurer, State of Ohio.  Please write the Revenue ID on your check. 
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

<table>
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<th>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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1320136

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>NEX TRANSPORT BLDG 1 NORTH PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID</td>
<td>OH4644112</td>
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<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>65</td>
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<tr>
<td>Surface Water Source</td>
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</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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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:** NEX TRANSPORT BLDG 1 NORTH PWS

**PWS ID:** OH4644112

**Contact NAME:** NEX TRANSPORT -

**SIGNATURE OF OWNER**

**DATE**

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>1320136 0000011200 LFCWS 0000000000</td>
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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: DAYTON VA BLDG 320 POD B                        PWS ID: OH5750620
Contact NAME: DAYTON DEPARTMENT OF VETERAN AFFAIRS

SIGNATURE OF OWNER ______________________________ DATE ______________

Pay to: Treasurer, 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: 1319267
Amount Due: $112.00
Type Code: 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.

KINNEAR, DEREK
PO BOX 6314
COLUMBUS, OH 43206

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>WELCOME WOODS-WEST</th>
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<tr>
<td>WPS ID:</td>
<td>OH4637912</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>
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</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: WELCOME WOODS-WEST

Contact NAME: KINNEAR, DEREK

SIGNATURE OF OWNER ___________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1321002
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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CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: URBANA PUMPER PWS
Contact NAME: SUTPHEN CORPORATION

SIGNATURE OF OWNER _________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

<table>
<thead>
<tr>
<th>Due Date</th>
<th>12/31/2019</th>
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<td>Type Code</td>
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<td>Transaction ID</td>
<td></td>
</tr>
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</table>

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>CAESARS LAKE MHP PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8300012</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>44</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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<thead>
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<tbody>
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<tr>
<td>$112.00</td>
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DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** CAESARS LAKE MHP PWS

**PWS ID:** OH8300012

**Contact NAME:** CAESARS 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

<table>
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<th>12/31/2019</th>
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<tr>
<td>Transaction ID:</td>
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TROY C. CLUB HALF WAY HOUSE
ACCOUNTS PAYABLE
1830 PETERS RD, PO BOX 459
TROY, OH 45373

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: TROY C. CLUB HALFWAYHOUSE</th>
<th>PWS ID: OH5549012</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

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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: TROY C. CLUB HALFWAYHOUSE
Contact NAME: TROY C. CLUB HALFWAY HOUSE

SIGNATURE OF OWNER ___________________________ DATE ____________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320882
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1319656

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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**HIGH SPIRITS INC.**  
ROBERT KRAHN  
11419 N DIXIE DRIVE  
VANDALIA, OH 45377

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

**WATER SYSTEM INFORMATION**

| Name: HIGH SPIRITS  
System Type: TRANSIENT NONCOMMUNITY |  
| PWS ID: OH5740912  
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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DETACH THIS 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 SPIRITS  
Contact NAME: HIGH SPIRITS 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: 1319656  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID: |
**WATER SYSTEM INFORMATION**

<table>
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<tr>
<th>Name:</th>
<th>CONDO CAMPING PUBLIC WATER SYSTEM</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>
<td>No</td>
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   - 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:** CONDO CAMPING PUBLIC WATER SYSTEM
**Contact NAME:** KLINGENBERGER, KEITH 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
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<tr>
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<td>Amount Due:</td>
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<td>Type Code:</td>
<td>LFCWS</td>
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<td>Transaction ID:</td>
<td>1319163</td>
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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>ENON HEIGHTS MOBILE HOME</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</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>
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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>
</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 Southwest District Office - DDAGW at 937-285-6357

**SIGN...**

- Application MUST be signed and dated in the designated area below.

**PAY FEES...**

- Please pay the required fee by check, money order or credit card.
  - 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:** ENON HEIGHTS MOBILE HOME

**Contact NAME:** ENON HEIGHTS MHP

**SIGNATURE OF OWNER**

---

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA

PO BOX 77005

Cleveland, OH 44194-7005

**Due Date:** 12/31/2019

**Revenue ID:** 1319401

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**

---

1319401 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.

BRUMBAUGH FRUIT FARM
6420 ARCANUM-HOLLANSBURG RD
ARCANUM, OH 45304

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>BRUMBAUGH FRUIT FARM PWS</td>
</tr>
<tr>
<td>PWS ID:</td>
<td>OH1950613</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>
</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BRUMBAUGH FRUIT FARM PWS
Contact NAME: BRUMBAUGH FRUIT 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

| Revenue ID: | 1318919 |
| Amount Due:  | $112.00 |
| Type Code:   | LFCWS   |
| Transaction ID: | 1318919 0000011200 LFCWS 000000000 5 |
HEART OF OHIO ANTIQUE
BRUCE KNIGHT
4785 E. NATIONAL RD.
SPRINGFIELD, OH 45505

WATER SYSTEM INFORMATION
Name: HEART OF OHIO ANTIQUE PWS
PWS ID: OH1247312
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

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HEART OF OHIO ANTIQUE PWS
Contact NAME: HEART OF OHIO ANTIQUE

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319611
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319611 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>ENON EAGLES PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1249812</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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</table>

**FEES FOR YEAR 2020**

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

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<td>Pay this amount: $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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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: ENON EAGLES PWS

Contact NAME: ENON EAGLES

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319400
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319400 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.

YMCA WILLSON CENTER
2732 CO RD 11
BELLEFONTAINE, OH 43311

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: YMCA WILLSON CENTER-DINING PWS
PWS ID: OH4639212
Contact NAME: YMCA WILLSON 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: 1321098
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321098 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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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

HEART OF COUNTRY INC.
DAWN BEEDY
1600 E. LEFFEL LANE
SPRINGFIELD, OH 45505

WATER SYSTEM INFORMATION
Name: HEART OF COUNTRY INC. PWS
PWS ID: OH1247912
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
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PAY FEES...
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- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: HEART OF COUNTRY INC. PWS
Contact Name: HEART OF COUNTRY INC.

SIGNATURE OF OWNER ___________________________ DATE ______________________

Due Date: 12/31/2019
Revenue ID: 1319610
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BRUKNER NATURE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID: OH5530412</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>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.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** BRUKNER NATURE CENTER  **PWS ID:** OH5530412

**Contact NAME:** BRUKNER NATURE 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:** 1318918
**Amount Due:** $112.00
**Type Code:** LFCWS
**Transaction ID:**
ENON BEACH CAMPGROUND
2401 ENON RD
SPRINGFIELD, OH 45502

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ENON BEACH CAMPGROUND
Contact NAME: ENON BEACH 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: 1319399
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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**

**ANCHOR FABRICATORS INC**
**MANAGER**
**386 TALMADGE RD, PO BOX 99**
**CLAYTON, OH 45315**

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ANCHOR FABRICATORS INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5742012</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>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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: ANCHOR FABRICATORS INC  
Contact NAME: ANCHOR FABRICATORS 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: 1318739  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:  

---

1318739 0000011200 LFCWS 000000000 3
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.

AMVETS POST 88
3449 LEFEVER RD
TROY, OH 45373

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: AMVETS POST 88
PWS ID: OH5548912
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

ATTACHED IS A HANDOUT THAT 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

FEES FOR YEAR 2020

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: AMVETS POST 88
Contact NAME: AMVETS POST 88

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318738
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: NATIONAL GOLF LINKS CLUBHOUSE PWS
Contact NAME: NATIONAL GOLF LINKS 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

---

1320115 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.

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: KONE KORNER</th>
<th>OH1232712</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**

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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><strong>TOTAL</strong></td>
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<td>Pay this amount: <strong>$112.00</strong></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.

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** KONE KORNER  
**PWS ID:** OH1232712  
**Contact NAME:** KONE KORNER

**SIGNATURE OF OWNER**  

**DATE**  

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1319845  
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.

**WELCOME WOODS**
ATTN: DEREK KINNEAR
PO BOX 6314
COLUMBUS, OH 43206

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: | WELCOME WOODS-EAST WELL |
| PWS ID: | OH4637812 |
| 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>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.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** WELCOME WOODS-EAST WELL

**PWS ID:** OH4637812

**Contact NAME:** WELCOME WOODS

**SIGNATURE OF OWNER** ___________________________  **DATE** ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

1321001 000011200 LFCWS 000000000

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321001 |
| Amount Due: | $112.00 |
| Type Code: | 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: HARDING MACHINE COMPANY INC  PWS ID: OH4633212
Contact NAME: VON LEHMDEN, YOLANDA

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, 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
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

Name: HAFL WINEY PWS  
OH1253112  
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**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:** HAFL WINEY PWS  
**PWS ID:** OH1253112

**Contact NAME:** HAFL WINEY

**SIGNATURE OF OWNER** _____________________________ **DATE** __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: **12/31/2019**

Revenue ID: **1319580**

Amount Due: **$112.00**

Type Code: **LFCWS**

Transaction ID: **1319580 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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IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

BLACKHAWK TRAILER PARK, INC.
DWIGHT BROWN
663 E. WEISHEIMER ROAD
COLUMBUS, OH 43214

WATER SYSTEM INFORMATION

Name: BLACKHAWK TRAILER PARK
PWS ID: OH4600212
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

Confirmed the water system information...
Such as System Name, System Type, Mailing Address, and Fee Amount.
If this information is incorrect contact SouthWest District Office - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

Pay fees...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For information on paying by Credit Card go to http://epa.ohio.gov

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BLACKHAWK TRAILER PARK
Contact NAME: BLACKHAWK TRAILER 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: 1318864
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CLIFTON MILLS, INC.  PWS ID: OH2940712
Contact NAME: CLIFTON MILLS, 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: 1319132
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319132 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.

AMVETS POST 66
FINANCE OFFICER
10010 W SR 185
COVINGTON, OH 45318

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: AMVETS POST 66</td>
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<td></td>
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<tr>
<td>PWS ID: OH5530212</td>
<td></td>
<td></td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<td></td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
<td></td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: AMVETS POST 66
Contact NAME: AMVETS POST 66

SIGNATURE OF OWNER ___________________________ DATE ___________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318737
Amount Due: $112.00
Type Code: 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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BELLEFONTAINE, CITY OF
135 N DETROIT ST
BELLEFONTAINE, OH 43311

**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: MYEERAH NATURE CENTER PWS</td>
<td>Pay this amount:</td>
<td>$112.00</td>
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<tr>
<td>PWS ID: OH4652616</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</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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DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** MYEERAH NATURE CENTER PWS

**PWS ID:** OH4652616

**Contact NAME:** BELLEFONTAINE, 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: | 1320112 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320112 0000011200 LFCWS 0000000000 6 |
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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: DAYTON VA BLDG 320 POD A
Contact NAME: DAYTON DEPARTMENT OF VETERAN AFFAIRS
PWS ID: OH5750619

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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: 1319266

Due Date: 12/31/2019
Revenue ID: 1319266
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

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<tr>
<td>Name: DAYTON VA BLDG 320 POD A</td>
<td>OH5750619</td>
</tr>
<tr>
<td>PWS ID: COMMUNITY</td>
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</tr>
<tr>
<td>System Type:</td>
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<tr>
<td>Number of Service Connections:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>GREEENE VALLEY RECREATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2948312</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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**TOTAL**

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---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** GREEENE VALLEY RECREATION  
**PWS ID:** OH2948312  
**Contact NAME:** GREEENE VALLEY 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

---

<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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<tr>
<td>Amount Due:</td>
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<td>Transaction ID:</td>
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</table>
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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: GREENE COUNTY - KITRIDGE</th>
<th>PWS ID: OH2905003</th>
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<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 3</td>
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<tr>
<td>Surface Water Source: Yes</td>
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</tr>
</tbody>
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**FEES FOR YEAR 2020**

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</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:** GREENE COUNTY - KITRIDGE

**Contact NAME:** GREENE 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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue ID: 1319566</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.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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>ELIZABETH TOWNSHIP COMMUNITY CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH5537712</td>
</tr>
<tr>
<td>System Type</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served</td>
<td>71</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: $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.

### IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: ELIZABETH TOWNSHIP COMMUNITY CENTER

Contact NAME: ELIZABETH 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: 1319390
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 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.

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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th></th>
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<tr>
<td>Name: GREENE COUNTY - FAIRBORN</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH2956203</td>
<td></td>
</tr>
<tr>
<td>System Type : COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 24</td>
<td></td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

1. CONFIRM THE WATER SYSTEM INFORMATION...
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319565 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |  |
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GREENE COUNTY FISH AND GAME ASSOC.
PO BOX 64
XENIA, OH 45385

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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WATER SYSTEM INFORMATION

Name: GREENE CO FISH & GAME CLUBHOUSE PWS
PWS ID: OH2934112
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: GREENE CO FISH & GAME CLUBHOUSE PWS
Contact NAME: GREENE COUNTY FISH AND GAME 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: 1319564
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319564 0000011200 LFCWS 000000000 1
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

- **Name:** ELDORA SPEEDWAY NORTH WELL PWS
- **PWS ID:** OH1950617
- **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...**

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:** ELDORA SPEEDWAY NORTH WELL PWS

**PWS ID:** OH1950617

**Contact NAME:** ELDORA SPEEDWAY

**SIGNATURE OF OWNER**

**DATE**

Due Date: **12/31/2019**

Revenue ID: **1319389**

Amount Due: **$112.00**

Type Code: **LFCWS**

Transaction ID: **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.

WRIGHT STATE UNIVERSITY
065 ALLYN HALL
3640 COLONEL GLENN HWY
DAYTON, OH 45435

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
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     TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to
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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tbody>
<tr>
<td>Name: WRIGHT STATE UNIVERSITY</td>
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<tr>
<td>PWS ID: OH2902012</td>
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<tr>
<td>System Type: COMMUNITY</td>
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<tr>
<td>Number of Service Connections: 40</td>
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<td>Surface Water Source: No</td>
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<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
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<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: WRIGHT STATE UNIVERSITY
Contact NAME: WRIGHT STATE UNIVERSITY

SIGNATURE OF OWNER __________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1321091
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1321091 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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---

**PUBLIC WATER SYSTEM LICENSE NOTICE**

**ATTENTION: JESSICA WATKINS**

4868 STONEYBROOK
HILLIARD, OH 43206

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JOLLY ROGER PWS</th>
</tr>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1130512</td>
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<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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**FEES FOR YEAR 2020**

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</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**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: JOLLY ROGER PWS**

**PWS ID: OH1130512**

**Contact NAME: JOLLY ROGER**

**SIGNATURE OF OWNER** ____________________________ **DATE** ____________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on 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>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
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URBANA COUNTRY CLUB
CLUB MANAGER
P.O. BOX 835
URBANA, OH 43078

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
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4. RETURN APPLICATION PROMPTLY...
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: URBANA COUNTRY CLUB
PWS ID: OH1130412
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: URBANA COUNTRY CLUB
Contact NAME: URBANA COUNTRY 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: 1320926
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320926 0000011200 LFCWS 000000000 2
2020 PUBLIC WATER SYSTEM LICENSE NOTICE
Invoice/Revenue ID: 1318736

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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AMVETS POST 148
COMMANDER
11495 LOWER VALLEY PIKE
MEDWAY, OH 45341-9714

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: AMVETS POST 148</td>
</tr>
<tr>
<td>PWS ID: OH1245812</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>
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</thead>
<tbody>
<tr>
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SIGN...
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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: AMVETS POST 148
Contact NAME: AMVETS POST 148

SIGNATURE OF OWNER ___________________________ DATE ________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

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CLAYTON, CITY OF
P.O. BOX 280
RICHARD ROSE C/O CITY OF CLAYTON
CLAYTON, OH 45315-0280

WATER SYSTEM INFORMATION
Name: CLAYTON PARK (HARDSCRABBLE BALL PARK)
PWS ID: OH5742612
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: CLAYTON PARK (HARDSCRABBLE BALL PARK) PWS ID: OH5742612
Contact NAME: CLAYTON, CITY OF

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: 1319122
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319122 0000011200 LFCWS 000000000
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

Name: ELDORA SPEEDWAY MAIN CONCESSIONS PWS  
PWS ID: OH1950616  
System Type: TRANSIENT NONCOMMUNITY  
Number of Wells: 1  
Surface Water Source: No

**FEES FOR YEAR 2020**

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<table>
<thead>
<tr>
<th>Fees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Based on the water system information</strong></td>
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</tr>
<tr>
<td><strong>Pay this amount:</strong></td>
<td>$112.00</td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to:  
  TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
  http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: ELDORA SPEEDWAY MAIN CONCESSIONS PWS  
PWS ID: OH1950616  
Contact NAME: ELDORA SPEEDWAY

**SIGNATURE OF OWNER** ___________________________ **DATE** ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>1319388 0000011200 LFCWS 000000000 5</td>
</tr>
</tbody>
</table>
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WATER SYSTEM INFORMATION**

Name: BACK 40 CAMPGROUND
PWS ID: OH4630612
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: BACK 40 CAMPGROUND
Contact NAME: BACK 40 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: 1318791
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318791 0000011200 LFCWS 0000000000 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.

---

### Water System Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>CLASSIC SWING DRIVING RANGE PWS</td>
</tr>
<tr>
<td>PWS ID</td>
<td>OH4646612</td>
</tr>
<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.

<table>
<thead>
<tr>
<th></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.

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 Southwest District Office - DDAGW at 937-285-6357

2. Sign...
   Application MUST be signed and dated in the designated area below.

3. Pay fees...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For information on paying by Credit Card go to http://epa.ohio.gov/

4. Return application promptly...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** CLASSIC SWING DRIVING RANGE PWS  
**PWS ID:** OH4646612

**Contact Name:** CLASSIC SWING DRIVING RANGE, LLC

**Signature of Owner** ___________________________  **Date** ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date:</th>
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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.

MVP SPORTS PARK
PO BOX 227
HARRISON, OH 45030

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MVP SPORTS PARK</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH3135012</td>
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<tr>
<td>System Type:</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
<td>No</td>
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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:</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS 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 SPORTS PARK  
**PWS ID:** OH3135012

**Contact NAME:** MVP SPORTS 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: | 1320100 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320100 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME:  DAYTON TALL TIMBERS KOA PWS
Contact NAME:  DAYTON TALL TIMBERS KOA

PAY TO:  Treasurer, State of Ohio.  Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date:  12/31/2019
Revenue ID:  1319265
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.

GOSHEN AERIE EAGLES
2306 EAGLE RD
WOODSTOCK, OH 43084

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card 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

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
</tr>
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<tbody>
<tr>
<td>Name: GOSHEN AERIE EAGLES 3974 PWS</td>
<td>Total</td>
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<td>PWS ID: OH1136512</td>
<td>Pay this amount:</td>
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<td>$112.00</td>
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<tr>
<td>Number of Wells: 1</td>
<td></td>
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<tr>
<td>Surface Water Source: No</td>
<td></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

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.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GOSHEN AERIE EAGLES 3974 PWS
Contact NAME: GOSHEN AERIE EAGLES

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319545
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319545 0000011200 LFCWS 00000000 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

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: GLEN HELEN OUTDOOR EDUCATION CENTER
Contact NAME: SCHENCK, 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

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<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.**

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

2. **SIGN...**
   - **IMPORTANT** 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](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: ELDORA SPEEDWAY INFIELD WELL PWS</th>
<th>PWS ID: OH1950615</th>
</tr>
</thead>
<tbody>
<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.

<table>
<thead>
<tr>
<th>PAY THIS AMOUNT: $112.00</th>
</tr>
</thead>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** ELDORA SPEEDWAY INFIELD WELL PWS

**PWS ID:** OH1950615

**Contact NAME:** ELDORA SPEEDWAY

**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>Due Date: 12/31/2019</th>
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**Ohio EPA**

PO BOX 77005
Cleveland, OH 44194-7005

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1319387 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.

---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1319527

---

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: GHOTRA FOOD MART PWS</th>
<th>Number of Wells: 1</th>
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<tbody>
<tr>
<td>PWS ID: OH1137012</td>
<td>Surface Water Source: No</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td></td>
</tr>
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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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</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td></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.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW:** Public Water System License to Operate (LFCWS)

**PWS NAME:** GHOTRA FOOD MART PWS

**PWS ID:** OH1137012

**Contact NAME:** GHOTRA FOOD 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:** 1319527

**Amount Due:** $112.00

**Type Code:** 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: GETTYSBURG COMMUNITY PARK
Contact NAME: GETTYSBURG, 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: 1319523
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: CARTER LUMBER COMPANY PWS ID: OH1236012
Contact NAME: CARTER COMPANIES

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319036
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319036 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.
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WRENA, LLC</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5548012</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
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<td>Population Served:</td>
<td>40</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>Name:</th>
<th>WRENA, LLC</th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>

Pay this amount: $112.00

**FOLLOW IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   If this information is incorrect contact Southwest District Office - DDAGW at 937-285-6357

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   
   - 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:** WRENA, LLC

**Contact NAME:** WRENA, 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: | 1321089 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321089 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WAYSIDE TAVERN
112 TITUS ROAD
SPRINGFIELD, OH 45506

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
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<tr>
<td>PWS ID:</td>
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<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>1</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WAYSIDE TAVERN
Contact NAME: WAYSIDE 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: 1320998
Amount Due: $112.00
Type Code: 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:** GERONIMO CAMPGROUND
- **PWS ID:** OH4644412
- **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 Southwest District Office - DDAGW at 937-285-6357

**SIGN...**

This Application 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:** GERONIMO CAMPGROUND

**PWS ID:** OH4644412

**Contact NAME:** GERONIMO 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:</th>
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<tr>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
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</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>GERONIMO CAMP B PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH4651812</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
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</tr>
<tr>
<td>Surface Water Source:</td>
<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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<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.

1. CONFIRM THE WATER SYSTEM INFORMATION...
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY 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: GERONIMO CAMP B PWS
Contact NAME: GERONIMO 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: 1319520
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1319520 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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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

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**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>MOUNTAIN TOP CAMPGROUND</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4641612</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**

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<tr>
<th>TOTAL</th>
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<td>Pay this amount: $112.00</td>
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**CONFIRM THE WATER SYSTEM INFORMATION...**

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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: MOUNTAIN TOP CAMPGROUND

Contact NAME: MOUNTAIN TOP 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

**Pay to:**

| Revenue ID: | 1320085 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| **Due Date:** | 12/31/2019 |
| **Transaction ID:** | 1320085 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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FIVE RIVERS METROPARKS
409 EAST MONUMENT AVENUE
THIRD FLOOR
DAYTON, OH, 45402

WATER SYSTEM INFORMATION

Name: GERMANTOWN METROPARK NATURE CENTER
PWS ID: OH5743012
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020

<table>
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<tr>
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: GERMANTOWN METROPARK NATURE CENTER PWS ID: OH5743012
Contact NAME: FIVE RIVERS 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: 1319519
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1319519 0000011200 LFCWS 000000000 7
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FIVE RIVERS METROPARKS
409 EAST MONUMENT AVENUE
THIRD FLOOR
DAYTON, OH 45402

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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DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: GERMANTOWN METRO PARK
Contact NAME: FIVE RIVERS METROPARKS

SIGNATURE OF OWNER ___________________________ DATE __________________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1319518
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 0000000000
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MOUNT SAINT JOHN
4435 EAST PATTERSON ROAD
BEAVERCREEK, OH 45430

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tr>
<td>Name:</td>
<td>MOUNT ST. JOHN</td>
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<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>35</td>
</tr>
<tr>
<td>Surface Water Source:</td>
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: MOUNT ST. JOHN
Contact NAME: MOUNT SAINT 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: 1320084
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
2020 PUBLIC WATER SYSTEM LICENSE NOTICE  Invoice/Revenue ID: 1319841

- NO 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.

KNOLLWOOD TAVERN
JOANN CORBIN
3833 DAYTON-XENIA RD.
DAYTON, OH 45432

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: KNOLLWOOD TAVERN  PWS ID: OH2935812
Contact NAME: KNOLLWOOD 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: 1319841
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**  
Invoice/Revenue ID: 1318892

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**BOY SCOUTS-CAMP BIRCH**  
**TECUMSEH COUNCIL**  
326 S. THOMPSON  
SPRINGFIELD, OH 45506

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BOY SCOUTS-CAMP BIRCH 1 PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2940312</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.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...  
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...  
   Please pay the required fee by check, money order or credit card.  
   - Make check or money order payable to: TREASURER STATE OF OHIO  
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...  
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: BOY SCOUTS-CAMP BIRCH 1 PWS  
PWS ID: OH2940312  
Contact NAME: BOY SCOUTS-CAMP BIRCH

**SIGNATURE OF OWNER** ___________________________  
**DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318892 |
| 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.

AUTOVUE DRIVE IN THEATRE
608 WESTOVER DRIVE
608 WESTOVER DRIVE
SIDNEY, OH 45365

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name: AUTOVUE DRIVE IN THEATRE | PWS ID: OH7530212 |
| 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 |

CONFIRM THE WATER SYSTEM INFORMATION...

Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: AUTOVUE DRIVE IN THEATRE
Contact NAME: AUTOVUE DRIVE IN THEATRE

SIGNATURE OF OWNER ___________________________ DATE ____________

Due Date: 12/31/2019
Revenue ID: 1318785
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1318785 0000011200 LFCWS 000000000 6

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go 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: MONROE TOWNSHIP WATER & SEWER DIST PWS
- PWS ID: OH5553614
- System Type: COMMUNITY
- Number of Service Connections: 42
- 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**

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: MONROE TOWNSHIP WATER & SEWER DIST PWS
Contact NAME: MONROE TOWNSHIP WATER & SEWER DISTRICT

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320073
Amount Due: $112.00
Type Code: 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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1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: BOONE SALOON
Contact NAME: BOONE 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: 1318890
Amount Due: $112.00
Type Code: 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.

MIAMI COUNTY PARK DISTRICT
2645 E SR 41
TROY, OH 45373

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>GARBRYS BIG WOODS RESERVE WETLAND PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5549612</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
</tbody>
</table>

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...

Application MUST be signed and dated in the designated area below.

PAY FEES...

Please pay the required fee by check, money order or credit card.

- Make check or 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: GARBRYS BIG WOODS RESERVE WETLAND PWS
Contact NAME: MIAMI 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: 1319492
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319492 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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: MMS TRUCKING, INC. PWS
Contact NAME: MMS TRUCKING, 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: 1320062
Amount Due: $112.00
Type Code: 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

AMERICAN WATER OPERATIONS AND MAINT. LLC
PO BOX 33651
WRIGHT PATTERSON AFB, OH 45433

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: WPAFB WARRIOR TRAINING CTR PWS</td>
<td>PAY FEES...</td>
</tr>
<tr>
<td>PWS ID: OH2958712</td>
<td>Please pay the required fee by check, money order or credit card.</td>
</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>- Make check or money order payable to:</td>
</tr>
<tr>
<td>Number of Wells: 1</td>
<td>TREASURER STATE OF OHIO</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td>- For Information on paying by Credit Card go to</td>
</tr>
<tr>
<td></td>
<td><a href="http://epa.ohio.gov/">http://epa.ohio.gov/</a></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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN... Application MUST be signed and dated in the designated area below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WPAFB WARRIOR TRAINING CTR PWS PWS ID: OH2958712
Contact NAME: AMERICAN WATER OPERATIONS AND MAINT. LLC

TOTAL

Pay this amount: $112.00

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: | 1321087 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1321087 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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>JOE'S PLACE II</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7540312</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>
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</table>

**FEES FOR YEAR 2020**

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<tr>
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<th>Pay this amount:</th>
</tr>
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<tbody>
<tr>
<td>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</td>
<td><strong>$112.00</strong></td>
</tr>
</tbody>
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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:** JOE'S PLACE II

**Contact NAME:** SCHMIDT, 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

<table>
<thead>
<tr>
<th>Due Date:</th>
<th>12/31/2019</th>
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<td>Revenue ID:</td>
<td>1319793</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>
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

CRANBERRY RESORT BAR AND GRILL
9667 ST RTE 368
ATTN: JAMES MOORE
HUNTSVILLE, OH 43324

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>CRANBERRY RESORT LLC PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH4632312</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>
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**FEES FOR YEAR 2020**

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:** CRANBERRY RESORT LLC PWS

**PWS ID:** OH4632312

**Contact NAME:** CRANBERRY RESORT BAR AND 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: 1319222

Amount Due: $112.00

Type Code: LFCWS

Transaction ID: 1319222 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.

---

**KEATING, DANIEL**
GREGORY J AUSTRIA DDS LLC
1289 N MONROE DR
XENIA, OH 45385

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BEAVERCREEK FAMILY DENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2930912</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>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357*

**SIGN...**

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**PAY FEES...**

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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

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Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

---

**Due Date:** 12/31/2019

**Revenue ID:** 1318819

**Amount Due:** $112.00

**Type Code:** LFCWS

**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

PAYMENT INFORMATION

- Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
- This is a lockbox. Please do not send other correspondence to this address.

**Ohio EPA**
PO BOX 77005
Cleveland, OH 44194-7005

<table>
<thead>
<tr>
<th>Name: POOR FARMERS CAMP</th>
<th>PWS ID: OH5534012</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>

<table>
<thead>
<tr>
<th>FEES FOR YEAR 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</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: POOR FARMERS CAMP
Contact NAME: POOR FARMERS CAMP

SIGNATURE OF OWNER ___________________________  DATE ________________

<table>
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<tr>
<th>Revenue ID: 1320394</th>
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<tr>
<td>Amount Due: $112.00</td>
</tr>
<tr>
<td>Type Code: 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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN... Application MUST be signed and dated in the designated area below.

3 PAY FEES... Please pay the required fee by check, money order or credit card.

- Make check or money order payable to:
  TREASURER STATE OF OHIO
- For Information on paying by Credit Card go 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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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>E AND R PUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1933212</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.

### FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
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---

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** E AND R PUB

**Contact NAME:** E & R 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:** 1319366

**Amount Due:** $112.00

**Type Code:** 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/

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---

**PRESBLE COUNTY HISTORICAL SOCIETY**

**ATTN:** MISTI SPILLMAN

7693 SWARTSEL ROAD
EATON, OH 45320

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PREBLE COUNTY HISTORICAL</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH6836012</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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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:** 1320407
**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:** PREBLE COUNTY HISTORICAL  
**PWS ID:** OH6836012

**Contact NAME:** PREBLE COUNTY HISTORICAL SOCIETY

---

**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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---

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Name: PRECISION WOOD PRODUCTS, INC. PWS</td>
<td>Pay this amount: $112.00</td>
</tr>
<tr>
<td>PWS ID: OH6837312</td>
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<tr>
<td>System Type : TRANSIENT NONCOMMUNITY</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>
</tbody>
</table>

**FEES FOR YEAR 2020**

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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: PRECISION WOOD PRODUCTS, INC. PWS

Contact NAME: PRECISION WOOD 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: | 1320409 |
| Amount Due: | $112.00 |
| Type Code: | 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: MIDWEST EXPRESS 2G PWS
Contact NAME: MIDWEST EXPRESS INC

SIGNATURE OF OWNER  ___________________________ DATE  ___________________________

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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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DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: KNOLLWOOD GARDEN CENTER
Contact NAME: KNOLLWOOD GARDEN CENTER

SIGNATURE OF OWNER ____________________________ DATE ____________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
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Cleveland, OH 44194-7005
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

| Name: PROVIMI NORTH AMERICA, INC. | PWS ID: OH6836412 |
| System Type: NONCOMMUNITY NONTRANSIENT |
| Population Served: 115 |
| 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.

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SIGN...

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This is a lockbox. Please do not send other correspondence to this address.

Due Date: 12/31/2019
Revenue ID: 1320419
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

PROVIMI NORTH AMERICA, INC
6531 STATE ROUTE 503
LEWISBURG, OH 45338
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---

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID:** 1320454

---

**RED AND RUTHS TAVERN**

101 S MAIN ST
PO BOX 66
PALESTINE, OH 45352

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: RED AND RUTHS TAVERN PWS</th>
<th>PWS ID: OH1937412</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
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<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

---

**FEES FOR YEAR 2020**

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<table>
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<tr>
<th>Name: RED AND RUTHS TAVERN PWS</th>
<th>PWS ID: OH1937412</th>
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</thead>
<tbody>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>Number of Wells: 1</td>
</tr>
<tr>
<td>Surface Water Source: No</td>
<td></td>
</tr>
</tbody>
</table>

---

**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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

---

**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:** RED AND RUTHS TAVERN PWS  
**PWS ID:** OH1937412

**Contact NAME:** RED AND RUTHS 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

---

<p>| Due Date: | 12/31/2019 |
| Revenue ID: | 1320454 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |</p>
<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
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<tr>
<td><strong>Name:</strong> MIDWEST EXPRESS 2H PWS</td>
<td>Pay this amount: <strong>$112.00</strong></td>
</tr>
<tr>
<td><strong>PWS ID:</strong> OH4652612</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><strong>System Type:</strong> NONCOMMUNITY NONTRANSIENT</td>
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<tr>
<td><strong>Population Served:</strong> 35</td>
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<tr>
<td><strong>Surface Water Source:</strong> No</td>
<td></td>
</tr>
</tbody>
</table>

**FEES FOR YEAR 2020**

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Pay Fees...

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- For Information on paying by Credit Card go to http://epa.ohio.gov/

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Such as System Name, System Type, Mailing Address, and Fee Amount.

If this information is incorrect contact SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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Ohio EPA
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Cleveland, OH 44194-7005
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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: REI LAKES PWS
Contact NAME: REI 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: 1320464
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.

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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: RIP RAP ROADHOUSE PWS  
Contact NAME: RIP RAP ROADHOUSE

SIGNATURE OF OWNER ___________________________      DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date: 12/31/2019  
Revenue ID: 1320472  
Amount Due: $112.00  
Type Code: LFCWS  
Transaction ID:  

1320472 0000011200 LFCWS 000000000 0
2020 PUBLIC WATER SYSTEM LICENSE NOTICE

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MIDWEST EXPRESS INC
11590 TOWNSHIP RD 298
EAST LIBERTY, OH 43319

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name: MIDWEST EXPRESS 2B FRONT PWS</th>
<th>PWS ID: OH4643612</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: NONCOMMUNITY NONTRANSIENT</td>
<td>Population Served: 50</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>
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<tbody>
<tr>
<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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: MIDWEST EXPRESS 2B FRONT PWS
Contact NAME: MIDWEST EXPRESS 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: 1320049
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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 COTUBIC
2158 COUNTY RD 25 N
BELLEFONTAINE, OH 43311

WATER SYSTEM INFORMATION

Name: CAMP COTUBIC
PWS ID: OH4642112
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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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.

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WATERS EDGE
5344 SLABTOWN RD
LIMA, OH 45807

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: WATERS EDGE
Contact NAME: WATERS EDGE

SIGNATURE OF OWNER ___________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on 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.

---

RIVER RUN HARBOR
11418 STATE RTE 274
LEWISTOWN, OH 43333

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: RIVER RUN HARBOR PWS
Contact NAME: RIVER RUN HARBOR

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320480
Amount Due: $112.00
Type Code: 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><strong>Name:</strong></th>
<th>RIVERS EDGE SPORTS BAR PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PWS ID:</strong></td>
<td>OH7533012</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**

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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:</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**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:** RIVERS EDGE SPORTS BAR PWS  

**PWS ID:** OH7533012  

**Contact NAME:** RIVERS EDGE 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.

Pay to:  

Treasurer, State of Ohio  

Please write the **Revenue ID** on 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>1320490</td>
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<tr>
<td>Amount Due:</td>
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<td>Type Code:</td>
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</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</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**

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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:** MIDWEST EXPRESS 2A FRONT PWS
**PWS ID:** OH4643112
**Contact NAME:** MIDWEST EXPRESS 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>Fee Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>TOTAL</td>
<td>$112.00</td>
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</tbody>
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Due Date: 12/31/2019
Revenue ID: 1320048
Amount Due: $112.00
Type Code: 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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.

RIVERSIDE CAMPGROUND LOGAN LTD
351 INDUSTRIAL DR
MINSTER, OH 45865

WATER SYSTEM INFORMATION

Name: RIVERSIDE CAMPGROUND LOGAN PWS
PWS ID: OH4652613
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>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>
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<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: RIVERSIDE CAMPGROUND LOGAN PWS
PWS ID: OH4652613
Contact NAME: RIVERSIDE CAMPGROUND LOGAN 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: 1320492
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320492 0000011200 0000000000 6
**PUBLIC WATER SYSTEM LICENSE NOTICE**

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

NEW RICHMOND, VILLAGE OF
VILLAGE ADMINISTRATOR
102 WILLOW ST
NEW RICHMOND, OH 45157

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: ROBIN GRAYS PWS</th>
<th>PWS ID: OH1330912</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type: COMMUNITY</td>
<td>Number of Service Connections: 35</td>
</tr>
<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: $112.00</th>
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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: ROBIN GRAYS PWS
Contact NAME: NEW RICHMOND, 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: 1320497
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>ARROWHEAD PARK GOLF CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH7530112</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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<td>$112.00</td>
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Such as System Name, System Type, Mailing Address, and Fee Amount.

IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

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**PAY FEES...**

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- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** ARROWHEAD PARK GOLF CLUB                  **PWS ID:** OH7530112

**Contact NAME:** ARROWHEAD PARK 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: | 1318767 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318767 |
NO 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: BELLBROOK-SUGARCREEK COMMUNITY CENTER</th>
<th>PWS ID: OH2951312</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>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BELLBROOK-SUGARCREEK COMMUNITY CENTER  
PWS ID: OH2951312

Contact NAME: BELLBROOK-SUGARCREEK 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

<table>
<thead>
<tr>
<th>Due Date: 12/31/2019</th>
<th>Revenue ID: 1318831</th>
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<tbody>
<tr>
<td>Type Code: LFCWS</td>
<td>Transaction ID:</td>
<td></td>
</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.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: ROBINS NEST GOLF COURSE PWS
Contact NAME: ROBINS NEST 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: 1320499
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

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<tbody>
<tr>
<td>Name: ROCKY LAKES GOLF COURSE PWS</td>
<td></td>
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<tr>
<td>PWS ID: OH1248912</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.

**CONFIRM THE WATER SYSTEM INFORMATION...**

Such as System Name, System Type, Mailing Address, and Fee Amount.

**IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**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:** ROCKY LAKES GOLF COURSE PWS

**PWS ID:** OH1248912

**Contact NAME:** ROCKY LAKES 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: | 1320505 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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:** MIDWEST EXPRESS 2A 2B BACK PWS
- **PWS ID:** OH4643012
- **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.

---

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

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Please pay the required fee by check, money order or credit card.

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**SIGN...**

Application MUST be signed and dated in the designated area 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
**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.**

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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ROLLING HILLS GIRL SCOUT CAMP</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH5545812</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

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
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**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** ROLLING HILLS GIRL SCOUT CAMP

**PWS ID:** OH5545812

**Contact NAME:** ODENBECK, LINDA

**SIGNATURE OF OWNER** ___________________________ **DATE** ___________________________

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320509 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ROLLING TERRACE MHP</td>
<td></td>
</tr>
<tr>
<td>PWS ID: OH1203812</td>
<td></td>
</tr>
<tr>
<td>System Type: COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>Number of Service Connections: 36</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

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: ROLLING TERRACE MHP

Contact NAME: THREE R ROLLING TERRACE MHP

SIGNATURE OF OWNER ____________________________ DATE ____________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320511
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320511 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>MIDWEST EXPRESS 2F PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4648112</td>
</tr>
<tr>
<td>System Type:</td>
<td>NONCOMMUNITY NONTRANSIENT</td>
</tr>
<tr>
<td>Population Served:</td>
<td>110</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
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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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**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:** MIDWEST EXPRESS 2F PWS

**PWS ID:** OH4648112

**Contact NAME:** MIDWEST EXPRESS 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: | 1320046 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
AL COUCH SUPER MARKET
2115 HAMILTON-EATON RD
HAMILTON, OH 45011

WATER SYSTEM INFORMATION
Name: AL COUCH SUPER MARKET PWS
PWS ID: OH0939312
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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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: AL COUCH SUPER MARKET PWS
PWS ID: OH0939312
Contact NAME: AL COUCH SUPER MARKET

SIGNATURE OF OWNER ____________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1318717
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1318717 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.

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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

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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.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: BEECHWOOD GOLF COURSE-MAINTENANCE PWS</th>
<th>OH1948212</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>
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</tr>
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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. Atta ched is a handout that 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>Pay this amount: $112.00</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:** BEECHWOOD GOLF COURSE-MAINTENANCE PWS

**PWS ID:** OH1948212

**Contact NAME:** BEECHWOOD GOLF COURSE

**SIGNATURE OF OWNER**

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

<table>
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<tr>
<th>Due Date: 12/31/2019</th>
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<tr>
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<tr>
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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>UNION CITY COUNTRY CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1945612</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**

Attached is a handout that 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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**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: UNION CITY COUNTRY CLUB

Contact NAME: UNION CITY 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: | 1320918 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320918 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.

---

**ROSSBURG ACRES CAMPGROUND**
PO BOX 343
FORT RECOVERY, OH 45362

---

**WATER SYSTEM INFORMATION**

| Name: ROSSBURG ACRES CAMPGROUND PWS | PWS ID: OH1950312 |
| 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.

**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:** ROSSBURG ACRES CAMPGROUND PWS

**PWS ID:** OH1950312

**Contact NAME:** ROSSBURG ACRES 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.

| Due Date: 12/31/2019 |
| Revenue ID: 1320515 |
| Amount Due: $112.00 |
| Type Code: LFCWS |

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
# 2020 PUBLIC WATER SYSTEM LICENSE NOTICE

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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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>RUMPKE WASTE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1948512</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**

<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: **$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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**DDAGW PW- Public Water System License to Operate (LFCWS)**

**PWS NAME:** RUMPKE WASTE SERVICES  
**PWS ID:** OH1948512

**Contact NAME:** RUMPKE WASTE SERVICES

**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:** 1320524  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:**
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MID-STATES PACKAGING
LARRY J. WINNER, VP & SECRETARY
12163 STATE ROUTE 274
LEWISTOWN, OH 43333

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: MID-STATES PACKAGING INC
Contact NAME: MID-STATES PACKAGING

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320041
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320041 0000001200 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.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SABOS RESORT
8236 STATE RTE 366
RUSSELLS POINT, OH 43348-9431

WATER SYSTEM INFORMATION

Name: SABOS RESORT PWS
PWS ID: OH4647612
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: SABOS RESORT PWS
Contact NAME: SABOS 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: 1320531
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: LFCWS 000000009
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED 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.

SCUDS LLC
CHARLES GOUBEAUX
PO BOX 222
FORT LORAMIE, OH 45845

WATER SYSTEM INFORMATION

Name: SCUDS LLC  
PWS ID: OH7533512
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

SIGN... IMPORTANT

Application MUST be signed and dated in the designated area below.

RETURN APPLICATION PROMPTLY...

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SCUDS LLC  
PWS ID: OH7533512
Contact NAME: SCUDS LLC

SIGNATURE OF OWNER ____________________________ DATE ______________

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Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005
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CANOPY CREEK FARM LLC
5235 MEDLAR RD
MIAMISBURG, OH 45342

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>CANOPY CREEK FARM LLC PWS</th>
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<tr>
<td>PWS ID:</td>
<td>OH5750612</td>
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<td>Number of Wells:</td>
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<td>Surface Water Source:</td>
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</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>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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: CANOPY CREEK FARM LLC PWS
Contact NAME: CANOPY CREEK FARM 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: 1319024
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1319024 0000011200 LFCWS 000000000
- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**STINEBAUGH, TOM**  
1009 HICKORY CIRCLE  
WAPAKONETA, OH 45895  

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**  
   Such as System Name, System Type, Mailing Address, and Fee Amount.  
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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:** WOODY'S DINER  
**PWS ID:** OH4635412  
**Contact NAME:** STINEBAUGH, TOM

**SIGNATURE OF OWNER ___________________________ DATE ___________________________**

Pay to: **Treasurer, State of Ohio**. Please write the **Revenue ID** on 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>Item</th>
<th>Details</th>
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<tr>
<td>Revenue ID:</td>
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</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.

HARRIS, TIMOTHY
3511 W MICHIGAN ST, STE RTE 47
SIDNEY, OH 45365

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: SHARPS BAR AND GRILL
Contact NAME: HARRIS, TIMOTHY

SIGNATURE OF OWNER ___________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320593
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320593 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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SHAWNEE ISLAND CONDO</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4602312</td>
</tr>
<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<td>Number of Wells:</td>
<td>2</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.

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.

**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:** SHAWNEE ISLAND CONDO  
**Contact NAME:** SHAWNEE ISLAND CONDOMINIUM

**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>Due Date: 12/31/2019</th>
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<tr>
<td>Amount Due: $112.00</td>
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<td>Type Code: LFCWS</td>
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<td>Transaction ID:</td>
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</tbody>
</table>

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

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: MICS RESTAURANT PWS
Contact NAME: MICS 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: 1320037
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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SHELBY OAKS GOLF CLUB
PO BOX 4639
9900 SIDNEY-FREYBURG RD
SIDNEY, OH 45365

WATER SYSTEM INFORMATION
Name: SHELBY OAKS GOLF CLUB CLUBHOUSE
PWS ID: OH7536512
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SHELBY OAKS GOLF CLUB CLUBHOUSE
Contact NAME: SHELBY OAKS 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: 1320596
Amount Due: $112.00
Type Code: LFCWS
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SHELBY OAKS GOLF CLUB
PO BOX 4639
9900 SIDNEY-FREYBURG RD
SIDNEY, OH 45365

WATER SYSTEM INFORMATION
Name: SHELBY OAKS GOLF CLUB SHELTER HOUSE
PWS ID: OH7540712
System Type: TRANSIENT NONCOMMUNITY
Number of Wells: 1
Surface Water Source: No

FEES FOR YEAR 2020
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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: SHELBY OAKS GOLF CLUB SHELTER HOUSE
Contact NAME: SHELBY OAKS GOLF CLUB

SIGNATURE OF OWNER ___________________________ DATE ______________

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Cleveland, OH 44194-7005
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<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
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<tbody>
<tr>
<td>Name: MICHAEL FARMS</td>
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<tr>
<td>PWS ID: OH1133912</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>
<td>1</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: MICHAEL FARMS
Contact NAME: MICHAEL 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: 1320036
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320036 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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WOODROW CORPORATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1243612</td>
</tr>
<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**

Based on the 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** WOODROW CORPORATION  
**PWS ID:** OH1243612  
**Contact NAME:** WOODROW 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>Due Date:</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1321080</td>
</tr>
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<td>$112.00</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.

---

**WACO HISTORICAL SOCIETY**  
**GRETCHEN HAWK**  
**1865 S. CR 25A**  
**TROY, OH 45373**

---

**WATER SYSTEM INFORMATION**

- **Name:** WACO MUSEUM PWS
- **PWS ID:** OH5550312
- **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>Information</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**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.

---

**Payment Details**

Pay to: **Treasurer, 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:** 1320966
- **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.

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SHERWOOD GROVE MHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5700512</td>
</tr>
<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
</tr>
<tr>
<td>Number of Service Connections:</td>
<td>34</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** SHERWOOD GROVE MHC

**Contact NAME:** SHEPHERD, JEREMY

**SIGNATURE OF OWNER**

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.

This is a lockbox. Please do not send other correspondence to this address.

<table>
<thead>
<tr>
<th>Payable to:</th>
<th>Treasurer, State of Ohio</th>
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</thead>
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<tr>
<td>Revenue ID:</td>
<td>1320603</td>
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<tr>
<td>Amount Due:</td>
<td>$112.00</td>
</tr>
<tr>
<td>Type Code:</td>
<td>LFCWS</td>
</tr>
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</table>

Due Date: 12/31/2019

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: SIMON KENTON INN PWS

Contact NAME: SIMON KENTON 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: 1320610
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320610 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.

---

**MIAMI VALLEY CAMP**

RICHARD & KIM WARE

8880 BUCKEYE LANE

VERSAILLES, OH 45380

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name: MIAMI VALLEY CAMP</th>
<th>PWS ID: OH4643812</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.

<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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

---

**SIGN...**

Application MUST be signed and dated in the designated area below.

---

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

---

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** MIAMI VALLEY CAMP

**Contact NAME:** MIAMI VALLEY 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

P.O. BOX 77005

Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1320034 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320034 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.

SILVER SWAN MARATHON
3880 E NATIONAL RD
SPRINGFIELD, OH 45505

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1. CONFIRM THE WATER SYSTEM INFORMATION... Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN... Application MUST be signed and dated in the designated area below.

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: SIMS AND MURRY MARATHON PWS
Contact NAME: SILVER SWAN 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: 1320611
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320611 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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SMUGGLER'S COVE RV PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4651912</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**

|基于所给的水系统信息，确定的费用如下。若水系统信息有误，请联系西南地区办公室（DDAGW）拨打937-285-6357。
|CONFIRM THE WATER SYSTEM INFORMATION... |
|Such as System Name, System Type, Mailing Address, and Fee Amount.|
|IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357|

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tr>
<td>Pay this amount: $112.00</td>
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</table>

**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/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** SMUGGLER'S COVE RV PARK

**Contact NAME:** SMUGGLER'S COVE 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

<table>
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<tr>
<th>Revenue ID:</th>
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<td>Type Code:</td>
<td>LFCWS</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td></td>
</tr>
</tbody>
</table>

Due Date: 12/31/2019
**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: DRAGONFLY VINEYARD AND WINE CELLAR PWS</th>
<th>PWS ID: OH1137115</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>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay this amount: $112.00</td>
<td></td>
</tr>
</tbody>
</table>

Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - If this information is incorrect contact Southwestern District Office - DDAGW at 937-285-6357.

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - 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:** DRAGONFLY VINEYARD AND WINE CELLAR PWS  
**PWS ID:** OH1137115

**Contact NAME:** DRAGONFLY LAND 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: 1319354 | Amount Due: $112.00 | Type Code: LFCWS | Transaction ID: |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.

THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

MIA\MI VALLEY COUNCIL, BSA
7285 POE AVE
DAYTON, OH 45414

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: WOODLAND TRAILS SCOUT RESERVE</td>
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<tr>
<td>PWS ID: OH6834912</td>
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</tr>
<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells: 2</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

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: WOODLAND TRAILS SCOUT RESERVE
Contact NAME: MIAMI VALLEY COUNCIL, BSA

SIGNATURE OF OWNER ___________________________ DATE ______________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1321079
Amount Due: $112.00
Type Code: 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>SPITFIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5741412</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>

Attached is a handout that 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.

**SIGN...**

Application MUST be signed and dated in the designated area below.

Pay fees...

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** SPITFIRE

**PWS ID:** OH5741412

**Contact NAME:** SPITFIRE/VANDALIA HANGAR 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: | 1320655 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320655 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN... Application MUST be signed and dated in the designated area below.

3. PAY FEES... Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY... Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: SPORTS PLEX
Contact NAME: SPORTS PLEX

SIGNATURE OF OWNER ____________________________ DATE ____________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320657
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320657 0000011200 LFCWS 000000000 000000000 000000000
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>ARROWHEAD CAMPGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID</td>
<td>OH1942012</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>Pay this amount:</th>
<th>$112.00</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**
Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW- Public Water System License to Operate (LFCWS)

**PWS NAME:** ARROWHEAD CAMPGROUND  
**PWS ID:** OH1942012  
**Contact NAME:** ARROWHEAD 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: | 1318765    |
| Amount Due: | $112.00    |
| Type Code:  | LFCWS      |

Transaction ID:
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SPRING MEADOWS CARE CENTER
1649 PARK ROAD
WOODSTOCK, OH 43084

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SPRING MEADOWS CARE CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1100312</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 | 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 MEADOWS CARE CENTER
Contact NAME: SPRING MEADOWS 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: 1320659
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:

1320659 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.

---

**Important Steps in Completing This Application**

### 1. Confirm the Water System Information
- Such as System Name, System Type, Mailing Address, and Fee Amount.
- IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

### 2. Sign
- Application MUST be signed and dated in the designated area below.

### 3. Pay Fees
- Please pay the required fee by check, money order or credit card.
  - 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.

---

**Springfield Antique Center**

1735 Titus Rd
Springfield, OH 45502

**Water System Information**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Springfield Antique Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1247012</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>
<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.

---

**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

Pay Date: 12/31/2019
Revenue ID: 1320662
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.

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2 SIGN...
   Application MUST be signed and dated in the designated area below.

3 PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4 RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH 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: OH0939718

PWS NAME: METRO PARKS OF BUTLER CTY-TIMBERHILL PWS

Contact NAME: METRO PARKS OF BUTLER COUNTY

SIGNATURE OF OWNER ___________________________ DATE ________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320029
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 1320029 0000011200 LFCWS 000000000 8
**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>WOODLAND GOLF CLUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH1133312</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 SouthWest District Office - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

**RETURN APPLICATION PROMPTLY...**

Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

PWS NAME: WOODLAND GOLF CLUB  
Contact NAME: WOODLAND GOLF CLUB

**SIGNATURE OF OWNER**

---

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1321077 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |

Transaction ID:
W.O. WRIGHTS DON MASSENGALE
3979 COLONEL GLENN HWY.
BEAVERCREEK, OH 45324

WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>W.O. WRIGHTS PWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH2944912</td>
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<tr>
<td>System Type:</td>
<td>TRANSIENT NONCOMMUNITY</td>
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<tr>
<td>Number of Wells:</td>
<td>1</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
</tr>
</tbody>
</table>

FEES FOR YEAR 2020

Based on the water system information taken from above, the fee owed by your water system is shown in the total column.

Pay this amount: $112.00

CONFIRM THE WATER SYSTEM INFORMATION...
Such as System Name, System Type, Mailing Address, and Fee Amount.
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

SIGN...
Application MUST be signed and dated in the designated area below.

PAY FEES...
Please pay the required fee by check, money order or credit card.
- Make check or money order payable to: TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to http://epa.ohio.gov/

RETURN APPLICATION PROMPTLY...
Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW: Public Water System License to Operate (LFCWS)
PWS NAME: W.O. WRIGHTS PWS
Contact NAME: W.O. WRIGHTS

SIGNATURE OF OWNER __________________________ DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO BOX 77005
Cleveland, OH 44194-7005

Due Date: 12/31/2019
Revenue ID: 1320964
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.

**UC COURT ARCHAEOLOGICAL FAC**

DR DAVID LENTZ, BIOLOGICAL SCI
PO BOX 210006
CINCINNATI, OH 45221-0006

---

**WATER SYSTEM INFORMATION**

| Name: | UC COURT ARCHAEOLOGICAL FAC PWS |
| PWS ID: | OH3139812 |
| 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>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.

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   If this information is incorrect contact Southwest District Office - DDAGW at 937-285-6357.

2. **SIGN...**
   Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.**

DDAGW PW: Public Water System License to Operate (LFCWS)

**PWS NAME:** UC COURT ARCHAEOLOGICAL FAC PWS

**Contact NAME:** UC COURT ARCHAEOLOGICAL FAC

**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: | 1320915 |
| Amount Due: | $112.00 |
| Type Code: | 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.

---

**TURKEYFOOT INN**  
**YVONNE SNOW**  
**10706 ROAD 293**  
**LAKEVIEW, OH 43331**

---

### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>TURKEYFOOT INN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH4637512</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

---

### IMPORTANT STEPS

1. **CONFIRM THE WATER SYSTEM INFORMATION...**
   - Such as System Name, System Type, Mailing Address, and Fee Amount.
   - IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
     - Make check or money order payable to: TREASURER STATE OF OHIO
     - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. **RETURN APPLICATION PROMPTLY...**
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

**DETACH THIS 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 INN  
**Contact NAME:** TURKEYFOOT INN  
**PWS ID:** OH4637512

**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: | 1320898 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1320898 0000011200 000000000 6 |
**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.

**BEAVER SQUARE**
JEFFREY HODSON
2051 US HIGHWAY 35 NW
WASHINGTON COURT HOUSE, OH 43160

<table>
<thead>
<tr>
<th>WATER SYSTEM INFORMATION</th>
<th>FEES FOR YEAR 2020</th>
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</thead>
<tbody>
<tr>
<td>Name: BEAVER SQUARE</td>
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<tr>
<td>PWS ID: OH2930612</td>
<td>Pay this amount:</td>
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<tr>
<td>System Type: TRANSIENT NONCOMMUNITY</td>
<td>$112.00</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>

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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   - Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   - Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   - Return the signed application along with the appropriate fee by the DUE DATE listed below.

---

DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)

PWS NAME: BEAVER SQUARE  
PWS ID: OH2930612  
Contact NAME: BEAVER SQUARE

SIGNATURE OF OWNER ___________________________  DATE __________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

| Due Date: | 12/31/2019 |
| Revenue ID: | 1318818 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: |  |
NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.

A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.

IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR 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:** 1318681

---

**4-H CAMP CLIFTON INC.**  
CAMP CLIFTON BOARD  
2256 CLIFTON ROAD  
YELLOW SPRINGS, OH 45387

---

**WATER SYSTEM INFORMATION**

- **Name:** 4-H CAMP CLIFTON, INC.  
- **PWS ID:** OH2939612  
- **System Type:** TRANSIENT NONCOMMUNITY  
- **Number of Wells:** 2  
- **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> $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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**SIGN...**

Application MUST be signed and dated in the designated area below.

**PAY FEES...**

Please pay the required fee by check, money order or credit card.

- 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/)

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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: 4-H CAMP CLIFTON, INC.  
PWS ID: OH2939612  
Contact NAME: 4-H CAMP CLIFTON INC.

**SIGNATURE OF OWNER** __________________________  
**DATE** __________________________

Pay to: **Treasurer, State of Ohio.** Please write the Revenue ID on your check.  
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</tr>
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| **Due Date:** 12/31/2019  
**Revenue ID:** 1318681  
**Amount Due:** $112.00  
**Type Code:** LFCWS  
**Transaction ID:** |

---

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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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

36 SKATE CLUB
TINA AND MIKE PHILLABAUM
4835 W US RTE 36
PIQUA, OH 45356

---

**WATER SYSTEM INFORMATION**

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<thead>
<tr>
<th>Name:</th>
<th>36 SKATE CLUB</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5536412</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>

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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>TOTAL</strong></td>
</tr>
<tr>
<td>Pay this amount:</td>
</tr>
<tr>
<td>$112.00</td>
</tr>
</tbody>
</table>

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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:** 36 SKATE CLUB
**PWS ID:** OH5536412
**Contact NAME:** 36 SKATE 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: | 1318680 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1318680 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.
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---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Name</td>
<td>ACHESON RESORT</td>
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<tr>
<td>PWS ID</td>
<td>OH4643212</td>
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<tr>
<td>System Type</td>
<td>TRANSIENT NONCOMMUNITY</td>
</tr>
<tr>
<td>Number of Wells</td>
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<tr>
<td>Surface Water Source</td>
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**FEES FOR YEAR 2020**

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<th>Description</th>
<th>Fee</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>$112.00</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

2. **SIGN...**
   - Application MUST be signed and dated in the designated area below.

3. **PAY FEES...**
   - Please pay the required fee by check, money order or credit card.
   - 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:** ACHESON RESORT  
**PWS ID:** OH4643212  
**Contact NAME:** ACHESON 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.

- Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check.

- Ohio EPA-DDAGW  
- PO BOX 1049  
- Columbus, OH 43216-1049

<table>
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<td>Revenue ID</td>
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<td>Type Code</td>
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</table>
WINGATE, WALTER  
9580 COLLETT RD  
WAYNESVILLE, OH 45068

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>FRONTIER CAMPGROUND</th>
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</thead>
<tbody>
<tr>
<td>PWS ID:</td>
<td>OH8344312</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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**FEES FOR YEAR 2020**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
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</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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357**

**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: FRONTIER CAMPGROUND  
PWS ID: OH8344312

Contact NAME: WINGATE, WALTER

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

| Due Date: | 12/31/2019 |
| Revenue ID: | 1319477 |
| Amount Due: | $112.00 |
| Type Code: | LFCWS |
| Transaction ID: | 1319477 0000011200 LFCWS 000000000 7 |
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

---

**WATER SYSTEM INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>PARIS COURT MHP</th>
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<tbody>
<tr>
<td>PWS ID:</td>
<td>OH5501912</td>
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<tr>
<td>System Type:</td>
<td>COMMUNITY</td>
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<td>Number of Service Connections:</td>
<td>35</td>
</tr>
<tr>
<td>Surface Water Source:</td>
<td>No</td>
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</table>

**FEES FOR YEAR 2020**

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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:** PARIS COURT MHP  
**PWS ID:** OH5501912  
**Contact NAME:** ESTERLINE, CHRISTOPHER 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-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

<table>
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<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>1320312</td>
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</table>
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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: SANTA FE LOUNGE
Contact NAME: SANTA FE LOUNGE

SIGNATURE OF OWNER

Due Date: 12/31/2019
Revenue ID: 1320545
Amount Due: $112.00
Type Code: LFCWS
Transaction ID:
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THE SPRINGFIELD HOUSE
STEVE BRUCE
2539 BRAND ROAD
CABLE, OH 43009

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

WATER SYSTEM INFORMATION

Name: THE SPRINGFIELD HOUSE
PWS ID: OH1253212
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.
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DDAGW PW- Public Water System License to Operate (LFCWS)
PWS NAME: THE SPRINGFIELD HOUSE PWS
Contact NAME: THE SPRINGFIELD 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.

Pay to: Treasurer, State of 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: 1320813
Amount Due: $112.00
Type Code: LFCWS
Transaction ID: 

1320813 0000011200 LFCWS 000000000 8
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### WATER SYSTEM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>VALLEY VIEW MOBILE HOME PARK</th>
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<tbody>
<tr>
<td>PWS ID:</td>
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<tr>
<td>System Type:</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 |

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FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

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<table>
<thead>
<tr>
<th>DDAGW PW- Public Water System License to Operate (LFCWS)</th>
<th>PWS ID: OH1101312</th>
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</thead>
<tbody>
<tr>
<td>PWS NAME: VALLEY VIEW MOBILE HOME PARK</td>
<td></td>
</tr>
<tr>
<td>Contact NAME: VALLEY VIEW MHP</td>
<td></td>
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</tbody>
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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.

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1320944 0000011200 LFCWS 0000000000 0
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THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

GREENLAWN CONDOMINIUMS
GREENLAWN CONDOS OWNERS ASSOC.
3330 PARTY LANE
SPRINGFIELD, OH 45504

FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION

1 CONFIRM THE WATER SYSTEM INFORMATION...
   Such as System Name, System Type, Mailing Address, and Fee Amount.
   IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

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: GREENLAWN CONDOS PWS ID: OH1204912
Contact NAME: GREENLAWN CONDOMINIUMS

Pay to: Treasurer, 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: 1321383
Amount Due: $261.12
Type Code: LFCWS
Transaction ID: 1321383 0000026112 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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.
   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go to http://epa.ohio.gov/

4. RETURN APPLICATION PROMPTLY...
   Return the signed application along with the appropriate fee by the DUE DATE listed below.

DETACH THIS 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 VILLAGE MHP PWS
Contact NAME: SVMHP, LLC

SIGNATURE OF OWNER ___________________________ DATE ___________________________

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA-DDAGW
PO BOX 1049
Columbus, OH 43216-1049

Due Date: 12/31/2019
Revenue ID: 1321430
Amount Due: $326.40
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 SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

2. SIGN...
   Application MUST be signed and dated in the designated area below.

3. PAY FEES...
   Please pay the required fee by check, money order or credit card.

   - Make check or money order payable to: TREASURER STATE OF OHIO
   - For Information on paying by Credit Card go 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: NORWOOD CITY PWS
Contact NAME: NORWOOD, 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: 1322156
Amount Due: $9,711.38
Type Code: LFCWS
Transaction ID: 1322156 0000971138 LFCWS 000000000 0 9