Environmental Protection Agency

Approval of Alternative Recordkeeping Form

Ohio Environmental Protection Agency
Division of Drinking and Ground Waters
Operations Resiliency and Certification Section
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SYSTEM INFORMATION Date: _____

Name of System: _____ Phone Number: _____

PWS ID/NPDES Permit #: _____ STU #: _____

_____ _____

Name of Facility Owner or Permittee, Title (Print) Signature

PROPOSED METHOD (Attach additional sheets if necessary)

DESCRIPTION OF HOW THE PROPOSED METHOD WILL ENSURE ACCURACY AND AUTHENTICITY

By signing this document, I acknowledge the following: I have read and understand the responsibilities of an operator of record and a certified operator as described in Chapter 3745-7 of the Ohio Administrative Code. I will be honest and accurate in my interactions with Ohio EPA and will take actions in the interest of public health and the environment. Failure to adhere to these responsibilities may result in disciplinary action up to and including revocation of any certificate(s) I may hold.

For Internal Use Only
Reviewed by:
Decision: ☐ **Approved** ☐ **Denied**
Date: