



Send to:  
[OpCert.DSW@epa.ohio.gov](mailto:OpCert.DSW@epa.ohio.gov)

### Seasonal Operations Approval

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