|  |
| --- |
| **I. APPLICANT’S INFORMATION** *(Please Print or Type):* |
|       |  |       |  |       |  |       |
| First Name |  | Last or Business Name |  | Daytime Phone No. |  | Alternate Phone No. |
|       |  |       |  |    |  |       |
| Mailing Address |  | City |  | State |  | Zip |
|       |  |       |  |       |  |       |
| Facility ID Number |  | Facility Name |  | Latitude |  | Longitude |
|  |
|

|  |
| --- |
| **II. FACILITY INFORMATION** *(Please Print or Type):* |
|       |  |       |  |       |  |       |
| Facility Name |  | Facility Address |  | Daytime Phone No. |  | Alternate Phone No. |
|       |  |       |  |    |  |       |
| Facility Mailing Address |  | City |  | State |  | Zip |
|       |  |       |  |       |  |       |
| Estimated Daily Flow |  | Number of People Served |  | Latitude |  | Longitude |
|  |

**III. QUALIFYING QUESTIONS FOR CERTIFICATION OF EXEMPTION****Water from source is used for:****Yes No** |
| [ ]  | [ ]  Drinking |
| [ ]  | [ ]  Showering or bathing |
| [ ]  | [ ]  Eye washing  |
| [ ]  | [ ]  Food or beverage preparation |
| [ ]  | [ ]  Dishwashing |
| [ ]  | [ ]  Oral hygiene |
|  |
| If any of the above statements are answered affirmatively then the facility does not qualify for a certification of exemption, and must abide by all of the rules and regulations required of a minor public water supply system.  |
|  |
| **TO BE COMPLETED BY SYSTEM OWNER:** |
| I, (printed name of system owner) |       | , | hereby certify that I am the owner of the above-described water  |
| source and I am requesting the **CERTIFICATION OF EXEMPTION.** I agree to post signs at all sinks and/or faucets that state **“NOT FOR CONSUMPTION”**. The information submitted is, to the best of my knowledge, true, accurate, and complete.  |
|  |  |       |  |
| Property Owner’s Signature |  | Date |  |
|  |
| ***DEQ USE ONLY*** **LOCAL ENVIRONMENTAL SPECIALIST RECOMMENDS:** |
| [ ]  Approval | [ ]  Rejection | Date Reviewed: |       | ES Initials:\_\_\_\_\_\_\_\_\_\_ |  |
| Comments: |       |
|  |
| **Your request to be exempt from OAC 252:624 Minor Public Water Supply Systems regulations for the system described above is:** |
| **[ ]  APPROVED-With the following conditions:** | [ ]  **REJECTED-For the following reason(s):** |
|       |       |
|  |
|  |  |       |  |       |
| DEQ Authorized Signature |  | Title |  | Date Signed |
|  |
|  |  |  |  |  |  |  |