|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  |  | | | | | | |  | | |  | | | |