



## Water System Operator Designation DRC Form

If you need this information in an alternate format, please call Operator Certification at (971) 673-0413

Name of System:	PWS #:
Address:	Required Certifications:
City:	Distribution Level
State:	Treatment Level
Zip	Filtration Endorsement
	N= None Required

<b>Previous DRC:</b> _____			
Indicate the reason for the change: <input type="checkbox"/> Retired <input type="checkbox"/> New job duties <input type="checkbox"/> No longer employed <input type="checkbox"/> Other			
<b><u>New DRC</u></b>			
<b><u>DISTRIBUTION</u></b>		<b><u>TREATMENT</u></b>	
Name:		Name:	
Cert #:	Level:	Cert #:	Level:
Signature:		Signature:	
<b>Does this system contract for a certified operator? YES___ NO___</b> If <b>YES</b> submit a copy of the contract and complete the information below			
Name of Business: _____			
Name of Operator:			Cert. #
Address: _____			
Phone:		Signature	
This contract is for: Distribution___ Treatment___ Both___			

*I am the owner or legal representative for the water system. I have reviewed the information on this form and verify that it is true, complete, and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form (with copy of contract, if required) to:**

Operator Certification • DHS-Drinking Water Program • PO Box 14450 • Portland, OR 97293-0450

## Direct Responsible Charge Information

Pursuant to OAR 333-061-0225 the water system owner or authorized agent delegates the responsibility to the certified operator(s) listed below of:

- Supervising the technical operations of the system, and
- Establishing and executing specific practices and policies for operating the system in accordance with policies and practices of the owner and the requirements of public water system rules, and
- Are engaged in the actual day-to-day operation and/or supervision of the system.

*The principal operator must hold a current, valid Oregon certificate at a grade level equal to or greater than the system's classification level.*

*Water systems contracting with a certified operator must include name and address of company/individual the contract is with. A copy of the contract must be submitted with this form.*

Requirement: All Community and Non-Transient Non-Community Public Water Systems are required to designate and notify the Drinking Water Program (DWP) of the certified operators designated for each Treatment Plant and Distribution System. The Operator Designation Form is to be submitted by the Public Water System to notify the DWP of any designations or changes. Per Oregon Administrative Rules, this form shall be submitted within 30 days after any change so that the system is not in violation of operator certification regulations. Certified Operators should ensure that this form is submitted if they are no longer the operator for a system so that the DWP does not continue to hold them responsible for the system's operation.

Visit the DWP, Operator Certification Web site, for additional information at [www.oregon.gov/dsh/ph/dwp](http://www.oregon.gov/dsh/ph/dwp)