



Water System Operator Designation DRC Form

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

System: _____

PWS #: _____

Required Certifications:

Distribution Level

Treatment Level

Filtration Endorsement

N= None Required

Previous DRC: _____

Indicate the reason for the change: Retired New job duties No longer employed Other

New DRC

DISTRIBUTION

TREATMENT

Name: _____

Name: _____

Cert #: _____

Level: _____

Cert #: _____

Level: _____

Signature: _____

Signature: _____

Does this system contract for a certified operator? YES___ NO___

If **YES** 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

Operator Designation Information on back of form

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 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