

Send Completed Form to:

DEQ, Water Quality
 Operator Certification Program
 700 NE Multnomah St Ste 600
 Portland, OR 97232-4100
 (503) 229-5161



State of Oregon
 Department of
 Environmental
 Quality

**Oregon Department of Environmental Quality
 Designation Form
 Supervisory Wastewater System Operator**

A. SYSTEM NAME, LOCATION AND CONTACT

System Legal Name:		Owner/Permittee:	
System Location:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
DEQ Permit Number:	DEQ File Number:	County:	
<input type="checkbox"/> Wastewater Collection System Level:	<input type="checkbox"/> SWWS <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A		
<input type="checkbox"/> Wastewater Treatment System Level:	<input type="checkbox"/> SWWS <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A		

The wastewater system owner will designate a supervisor for day-to-day operation of the wastewater system in accordance with owner policies, any permit requirements, and as per requirements in OAR 340-049.

THIS FORM ENTIRELY REPLACES ANY PREVIOUS SUBMITTAL OF THE FORM. (No partial "updates" accepted).

If DEQ has classified both the collection and treatment system, the owner must designate a certified operator for each, even if the same operator will be supervising both systems. **The wastewater system owner must notify DEQ in writing within 30 days of replacing or reassigning any designated system operator, as per OAR 340-049-0015(5) and (8).**

B. COLLECTION SYSTEM PRINCIPAL DESIGNATED OPERATOR (System Supervisor*)

	C-		
Name of Operator	Certificate Number	Grade (SWWS, I-IV)	Expiration Date
Operator's Signature (required) _____ Title _____ Date _____			

Alternate Collection System Supervisor or Shift Supervisor*

	C-		
Name of Operator	Certificate Number	Grade (SWWS, I-IV)	Expiration Date

C. TREATMENT SYSTEM PRINCIPAL DESIGNATED OPERATOR (System Supervisor*)

	T-		
Name of Operator	Certificate Number	Grade (SWWS, I-IV)	Expiration Date
Operator's Signature (required) _____ Title _____ Date _____			

Alternate Treatment System Supervisor or Shift Supervisor*

	T-		
Name of Operator	Certificate Number	Grade (SWWS, I-IV)	Expiration Date

***As per OAR 340-049-0015(1), (2), (3) and (9), regardless of actual working title.**

D. DISCHARGE MONITORING REPORT SIGNATURE AUTHORITY

Please note, this form does not delegate discharge monitoring report signature authority. Delegating this type of signature authority is instead submitted through one of the following linked forms [NPDES Duly Authorized Representative Form](#) or [Sample Letter for Delegation of Signatory Authority](#). These two forms have their own separate mailing instructions.

E. CONTRACT FOR SYSTEM OPERATION OR SUPERVISION

Does the system owner contract / arrange for supervisory operator services? Yes No

If "Yes" please complete this section and attach a copy of the signed, written agreement to this form (required).

As per ORS 448.430(1), part-time supervision is only allowed if the approved design flow is less than 75,000 gallons per day.

Contract is for: Collection System Treatment System Both

Name (Corporation, Business or Individual):

Contact Person:

Mailing Address: City: State: Zip Code:

Phone Number: email:

Contract Start Date: Contract End Date:

Note: If one or more of the principal designated operators identified on page one of this form is a contracted operator, a written agreement is required to comply with OAR 340-049-0015.

F. COMMENTS (Reference all attachments here)

G. SIGNATURE OF OWNER/REPRESENTATIVE (All fields required)

I am the owner or owner's authorized representative for the wastewater system identified on page one of this form. I have reviewed the information contained on this form and within any attachments and verified the information is true, complete and accurate to the best of my knowledge.

Note: This section cannot be signed by the same person as who is listed on page one*

Signature Date

Name (print): Phone number:

Title: Email address:

Notes:

- (1) The principal designated operator (supervisor) must hold a valid certificate at a grade level equal to or greater than the classification level of the system at the time of designation.
- (2) An alternative supervisor or shift supervisor for Class II, III and IV systems may hold a certificate one grade lower than the classification level of the system.
- (3) The terms "certified", "operator", "shift supervisor", "supervise" and "supervisor" are defined under OAR 340-049-0010(2), (11), (16), (17), and (18).

* Only when the owner is also the operator may the page one and page two signatures be the same person.