

**Send completed form to:**

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

# 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.