



Water System Designated Operator Form Direct Responsible Charge (DRC)

The water system owner will designate a treatment operator and a distribution operator.

Designated operators are responsible for supervising day-to-day operation of the water system.

Mail completed form to PO Box 14450; Portland, OR 97293 or Email DWS.opcert@odhsoha.oregon.gov

1. Water System Information

Name of PWS: _____ PWS #41- _____

Address: _____

City: _____ State: _____ Zip: _____

Required Certifications:

Distribution Level: _____ Treatment Level: _____

Filtration Endorsement (*not required*): _____

2. DRC Information

Previous DRC: (Full name) _____

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

Application is for new designated operator:

☐ **Distribution**

☐ **Treatment**

Name: _____ Name: _____

Cert #: _____ Level: _____ Cert #: _____ Level: _____

Email: _____ Email: _____

Signature: _____ Signature: _____

3. Contract Information

Does this water system contract for a certified operator? ☐ Yes ☐ No

If yes, complete this section plus #2 (above) and attach a copy of the written agreement to this form.

Contract operators may NOT start work until the written agreement has been signed by both parties.

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

4. Owner Information

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.

Printed name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Instructions
All steps must be completed

1. Water System Information

- a. Type or print the name of the public water system (PWS) and the PWS ID #. You can find the PWS ID # Data Online, www.yourwater.oregon.gov
- b. Complete the PWS address information
- c. Mark the operator required level, this information can be found on Data Online

2. DRC Information

- a. Provide the previous DRCs information. Write the full name of the operator and mark the reason for the change.
- b. Complete the new DRC operator information.
- c. Mark whether the new operator is for distribution or treatment. This may be for both D & T, if so complete both parts
- d. The DRC operator must sign and date as indicated.

3. Contract Information

- a. Complete this step if the owner hired a contract operator or if the operator works for a business
- b. Write the name of the business, and the name of the business owner
- c. Write in the business address and contact phone number
- d. Write in an email address (business or personal)
- e. The contract must be signed by both party's before work can begin. Mail a copy of the contract with this application within 30 days of signing the contract.

4. Owner Information

- a. Provide the owner information
- b. Write in name and address, plus contact phone number and email address.
- c. The owner must sign and date where indicated.

This form is required to be submitted within 30 days after any change. You may refer to the OAR (rules) 333-061-0225.

Additional information at www.healthoregon.org/opcert

Contact the program by phone, 971-673-0321 or email dws.opcert@odhsoha.oregon.gov