

Drinking Water Services
Small Water System
Operator Designation Application

All parts of the application must be completed and signed by the owner if there is any change in ownership or the direct responsible charge. This form is to be completed for initial certification and every three years for renewal and within 30 days of any change of ownership or operator. Incomplete, unsigned or undated applications will not be accepted. Instructions start on page (3) three.

Reason for Change:

- Change in water system name
 - Change in owner/or authorized agent
 - Change in Direct Responsible Charge
 - Change of address, phone, and email
 - Update contract information
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Section A

PWS ID # 41- _____ **County** _____

PWS system name: _____

Check if updating system name. Previous name: _____

Are you renewing an existing certification? Yes No

If yes, give expiration date: _____

Section B

Owner: the owner (or authorized agent) is the person or entity that owns or is responsible for the public water system (e.g. mobile home park, Private Corporation, privately owned subdivision). The (authorized agent) may be the manager of mobile home-park, one of the officers of the association, a school district officer or the principal and is the person directly appointed by the owner and must have been given the authority to act and sign all legal documents in the owner's behalf. *The DRC may not sign for the owner unless DRC is also the owner (or co-owner) of the system.*

Owner (authorized agent) (print)

Name: _____

Title: _____

Business Phone: _____

Contact Phone: _____

Email: _____

Business Name

Address: _____

City: _____ **State:** _____

Zip: _____

Signature: _____

Date: _____

Section C

Direct Responsible Charge (DRC): The DRC is the operator employed or contracted by the (owner) to run and oversee daily water distribution and treatment operations. The DRC must have either taken the program approved SWS training or be certified level D1-4 or T1-4,

(Print) Name: First: _____ M.I. _____ Last: _____
SS#: _____ - _____ - _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Contact Phone: _____ Business phone: _____
Signature: _____ **Date:** _____

.....
Class Training: Date of class: _____ Location of class: _____

Certified: in WT or WD; Oregon Cert #: _____ Type and level: _____

Contractor Yes No *No work may begin before the contract is signed. A signed contract must be submitted for initial certification and every three years with renewal.

Section D

Previous DRC: Full Name _____
Please list the previous DRC _____

Section E

Is the **contact information** for the SWS one of the above?

Yes: 1. Owner: 2. DRC:

No (Complete information below)

System Contact: (Alternate)

Name _____ Title: _____
Address: _____ City: _____ State: _____
Zip: _____ Business Phone: _____
Signature: _____ **Date:** _____

Mailing address: Oregon Health Authority
Drinking Water Services
PO Box 14450
Portland OR 97293-0450

Include a copy of your training certificate

For further information: Website: <http://healthoregon.org/opcert>
Or call Operator Certification: 971-673-0405

(Keep a copy of this application for your records)

Instructions

Section A

PWS:

Name of System

Print *or type* the name of the system and the system's ID number. You can look up your system ID# by going to (<https://yourwater.oregon.gov/>) click on data online and follow directions.

New or renew:

Mark whether this application is for renewal.

Expiration date:

Print or type the current or previous expiration date

Section B

Name:

Print or type the name of the owner

Business:

Print the place of business

Title:

Print the title of the owner, (Manager of MHP, Principal, etc.) .

Address:

Print the mailing address

Phone Number:

Print the phone number(s)

Email:

Print the email address

Signature and date:

The owner must sign and date this section B

Section C

Name:

Print *or type* the name of the DRC.

SS#

Print the DRC Social Security number (*see page 4*)

Address:

Print the mailing address

Phone Number:

Print the phone number(s)

Email:

Print the email address

Signature and date:

The DRC must sign and date this section C

Training:

Check this box if you took the SWSTC training, write the date of class and location.

Certified:

Check this box if you are currently certified in Oregon, as a water distribution or water treatment operator. Include the certification # and type and level of certification.

Contract

Check **yes or no**. Is the operator an employee or did you hire out for an operator? If there have been any changes in the system name, owner or operator a new contract must be submitted.

Section D

Name:

Previous DRC

Print *or type* the name of the operator who held this position previously.

Section E

Contact Information

Check the correct box for contact information.

Print *or type* the alternate contact information the name of the person who is to be the contact person for the system and mark their affiliation with the system.

Legal Owner

The form must be signed by someone with authority to designate the operator on behalf of the system. An operator **cannot designate** themselves as being in direct responsible charge unless they are owners (or co-owners) of the system.

Depending on the type of system, that authority could reside with a number of persons. It could be the actual owner or, in the case of a homeowners association, one of the officers of the association. For a school, it could be a district officer or the principal of the school. For a workplace, it could be the general manager, or an officer of the company.

Rules: The operator certification rules can be found starting 333-061-0205

Social Security Numbers:

State law requires you to provide your Social Security Number for any certification, license, or registration issued by the State of Oregon. Failure to provide your Social Security Number will be a basis to refuse to issue or renew the certification you seek. This record of your Social Security Number will be used for child support enforcement purposes and will not be used as a certification number on any certificate.

(Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC § 666(a)(13))