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).

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

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)                         Business Name
Name: _____________________________                      Address: __________________________
Title: ______________________________   City: _______________ State: ______
Business Phone: _________________          Business Phone: _________________
Contact Phone: ______________________  Zip: _____________
Email: __________________________________________

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**

*Name of System*

**PWS:** 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/](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**

**Owner**

**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**

**DRC**

**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**

**Previous DRC**

**Name:** 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))