Animal Waste Management System Operator Designation Form

WPCSOCC

NCAC 15A 8F .0201

Facility/Farm Name: _____

Permit #: _____ Facility ID#: _____-_____ County: _____

Operator In Charge (OIC)

Name: _____
First *Middle* *Last* *Jr, Sr, etc.*

Cert Type / Number:_____ Work Phone: (_____)_____

*Signature:*_____ *Date:*_____

"I certify that I agree to my designation as the Operator in Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities set forth in 15A NCAC 08F .0203 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

Back-up Operator In Charge (Back-up OIC) ***(Optional)***

Name: _____
First *Middle* *Last* *Jr, Sr, etc.*

Cert Type / Number:_____ Work Phone: (_____)_____

*Signature:*_____ *Date:*_____

"I certify that I agree to my designation as Back-up Operator in Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities set forth in 15A NCAC 08F .0203 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

Owner/Permittee Name: _____

Phone #: (_____)_____ Fax#: (_____)_____

*Signature:*_____ *Date:*_____
(Owner or authorized agent)

Mail or fax the original to: **WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618 Fax: 919.807.6492**

Mail or fax a copy to the appropriate Regional Office:

Asheville
2090 US Hwy 70
Swannanoa 28778
Fax: 828.299.7043
Phone: 828.296.4500

Fayetteville
225 Green St
Suite 714
Fayetteville 28301-5043
Fax: 910.486.0707
Phoen: 910.433.3300

Mooresville
610 E Center Ave
Suite 301
Mooresville 28115
Fax: 704.663.6040
Phone: 704.663.1699

Raleigh
3800 Barrett Dr
Raleigh 27609
Fax: 919.571.4718
Phone:919.791.4200

Washington
943 Washington Sq Mall
Washington 27889
Fax: 252.946.9215
Phone: 252.946.6481

Wilmington
127 Cardinal Dr
Wilmington 28405-2845
Fax: 910.350.2018
Phone: 910.796.7215

Winston-Salem
585 Waughtown St
Winston-Salem 27107
Fax: 336.771.4631
Phone: 336.771.5000

(Retain a copy of this form for your records)