Water Pollution Control System Operator Designation Form

WPCSOCC

NCAC 15A 8G .0201

Permittee Owner/Officer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____- _____ Phone #: (____) _____

Email address: _____

Signature: _____ Date: _____

Facility Name: _____ **Permit #:** _____

SUBMIT A SEPARATE FORM FOR EACH TYPE SYSTEM!

Facility Type/Grade:

Biological WWTP	_____	Surface Irrigation	_____
Physical/Chemical	_____	Land Application	_____
Collection System	_____		

Operator in Responsible Charge (ORC)

Print Full Name: _____

Certificate Type / Grade / Number: _____ Work Phone #: (____) _____

Signature: _____ Date: _____

"I certify that I agree to my designation as the Operator in Responsible Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities of the ORC as set forth in 15A NCAC 08G .0204 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

Back-Up Operator in Responsible Charge (BU ORC)

Print Full Name: _____

Certificate Type / Grade / Number: _____ Work Phone #: (____) _____

Signature: _____ Date: _____

"I certify that I agree to my designation as a Back-up Operator in Responsible Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities of the BU ORC as set forth in 15A NCAC 08G .0205 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

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
Phone: 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

Facility Name: _____ **Permit #:** _____

Back-Up Operator in Responsible Charge (BU ORC)

Print Full Name: _____

Certificate Type / Grade / Number: _____ Work Phone #: (____) _____

Signature: _____ Date: _____

"I certify that I agree to my designation as a Back-up Operator in Responsible Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities of the BU ORC as set forth in 15A NCAC 08G .0205 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

Back-Up Operator in Responsible Charge (BU ORC)

Print Full Name: _____

Certificate Type / Grade / Number: _____ Work Phone #: (____) _____

Signature: _____ Date: _____

"I certify that I agree to my designation as a Back-up Operator in Responsible Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities of the BU ORC as set forth in 15A NCAC 08G .0205 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

Back-Up Operator in Responsible Charge (BU ORC)

Print Full Name: _____

Certificate Type / Grade / Number: _____ Work Phone #: (____) _____

Signature: _____ Date: _____

"I certify that I agree to my designation as a Back-up Operator in Responsible Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities of the BU ORC as set forth in 15A NCAC 08G .0205 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

Back-Up Operator in Responsible Charge (BU ORC)

Print Full Name: _____

Certificate Type / Grade / Number: _____ Work Phone #: (____) _____

Signature: _____ Date: _____

"I certify that I agree to my designation as a Back-up Operator in Responsible Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities of the BU ORC as set forth in 15A NCAC 08G .0205 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."