



Maine Center for
Disease Control and Prevention

An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Bethany L. Hamm, Acting Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Drinking Water Program

Fax: (207) 287-4172

PUBLIC WATER SYSTEM DESIGNATED OPERATOR FORM

Please complete this form and return it to the Drinking Water Program at the address above.
Any changes to this information must be submitted to the Drinking Water Program within five working days of the change.

Public Water System Information

System Name:	<input type="text"/>	PWSID#:	ME	<input type="text"/>
System Address:	<input type="text"/>	City:	<input type="text"/>	
System Owner or Owner's Representative:	<input type="text"/>			
System Type:	<input type="checkbox"/> Community	System Classification (Numerical):	<input type="checkbox"/>	Treatment
	<input type="checkbox"/> Transient (Using Surface Water)		<input type="checkbox"/>	Distribution
	<input type="checkbox"/> Non-Transient, Non-Community		<input type="checkbox"/>	Very Small WS

Designated Operator(s) Information

Operator 1	Operator 2
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Limit 1 Primary Designated Operator and 1 Sampler per system.
Systems may identify 2 Emergency Contacts and unlimited Designated Operators

<p>Name (Print): <input type="text"/></p> <p>License #: OP <input type="text"/></p> <p>Class of License: <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution <input type="checkbox"/> Very Small Water System</p> <p>This Designated Operator will perform the duties of...</p> <p><input type="checkbox"/> Primary Designated Operator: Copied on all mailings pertaining to compliance matters. <i>License classifications must be equal to or greater than those of the system for both treatment and distribution.</i></p> <p><input type="checkbox"/> Emergency Contact Ph #: <input type="text"/></p> <p><input type="checkbox"/> Sampler: Receives sampling information and bottles.</p> <p><input type="checkbox"/> Designated Operator Only</p> <p>Area of Responsibility:</p> <p>A. Treatment and Distribution <input type="checkbox"/></p> <p>B. Treatment System Only <input type="checkbox"/></p> <p>C. Distribution System Only <input type="checkbox"/></p> <p>Note: For Primary Designated Operators, select option 'A'</p>	<p>Name (Print): <input type="text"/></p> <p>License #: OP <input type="text"/></p> <p>Class of License: <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution <input type="checkbox"/> Very Small Water System</p> <p>This Designated Operator will perform the duties of...</p> <p><input type="checkbox"/> Primary Designated Operator: Copied on all mailings pertaining to compliance matters. <i>License classifications must be equal to or greater than those of the system for both treatment and distribution.</i></p> <p><input type="checkbox"/> Emergency Contact Ph #: <input type="text"/></p> <p><input type="checkbox"/> Sampler: Receives sampling information and bottles.</p> <p><input type="checkbox"/> Designated Operator Only</p> <p>Area of Responsibility:</p> <p>A. Treatment and Distribution <input type="checkbox"/></p> <p>B. Treatment System Only <input type="checkbox"/></p> <p>C. Distribution System Only <input type="checkbox"/></p> <p>Note: For Primary Designated Operators, select option 'A'</p>
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Removing a Designated Operator

Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>
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Reproduce this page as necessary for additional Designated Operators.

The undersigned public water system representative hereby notifies the Drinking Water Program of its intention to meet the requirements for licensed water operators, pursuant to Maine's Rules Relating to Drinking Water (10-144 Chapter 231). The above named Public Water System hereby certifies that the water system is under the direct supervision of a designated licensed operator with the appropriate classification during each operating shift.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner /Owner's Representative Signature	Date	Designated Operator 1 Signature	Date
		<input type="text"/>	<input type="text"/>
		Designated Operator 2 Signature	Date