



PUBLIC WATER SYSTEM DESIGNATED OPERATOR FORM

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

To update other contact information for this system, please use the *Public Water System Points of Contact* form (DWP0185)

Public Water System Information			
System Name:	<input style="width: 90%;" type="text"/>	PWSID#:	ME <input style="width: 80%;" type="text"/>
System Address:	<input style="width: 90%;" type="text"/>	City:	<input style="width: 90%;" type="text"/>
System Owner or Owner's Representative:	<input style="width: 95%;" type="text"/>		
System Type:	<input type="checkbox"/> Community <input type="checkbox"/> Transient (Using Surface Water) <input type="checkbox"/> Non-Transient, Non-Community	System Classification (Numerical):	<input type="checkbox"/> Treatment <input type="checkbox"/> Distribution <input type="checkbox"/> Very Small WS
Designated Operator(s) Information			
Designated Operator 1	Designated Operator 2		
Limit 1 Primary Designated Operator and 1 Sampler per system. <i>Systems may identify 2 Emergency Contacts and unlimited Designated Operators</i>			
Name (Print): <input style="width: 95%;" type="text"/> License #: OP <input style="width: 80%;" type="text"/> Class of License: <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution <input type="checkbox"/> Very Small Water System This Designated Operator will perform the duties of... <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> <input type="checkbox"/> Emergency Contact Ph #: <input style="width: 80%;" type="text"/> <input type="checkbox"/> ♦ Sampler: Receives sampling information and bottles. <input type="checkbox"/> Designated Operator Only (no other roles) Area of Responsibility: A. Treatment and Distribution <input type="checkbox"/> B. Treatment System Only <input type="checkbox"/> C. Distribution System Only <input type="checkbox"/> <div style="text-align: right; font-weight: bold; font-size: small;"> Note: For Primary Designated Operators, check the first box. </div>	Name (Print): <input style="width: 95%;" type="text"/> License #: OP <input style="width: 80%;" type="text"/> Class of License: <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution <input type="checkbox"/> Very Small Water System This Designated Operator will perform the duties of... <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> <input type="checkbox"/> Emergency Contact Ph #: <input style="width: 80%;" type="text"/> <input type="checkbox"/> ♦ Sampler: Receives sampling information and bottles. <input type="checkbox"/> Designated Operator Only (no other roles) Area of Responsibility: A. Treatment and Distribution <input type="checkbox"/> B. Treatment System Only <input type="checkbox"/> C. Distribution System Only <input type="checkbox"/> <div style="text-align: right; font-weight: bold; font-size: small;"> Note: For Primary Designated Operators, check the first box. </div>		
Removing a Designated Operator			
Name: <input style="width: 90%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

Reproduce this page as necessary for additional Designated Operator assignments.

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 style="width: 95%;" type="text"/>			
Owner /Owner's Representative Signature	Date	Designated Operator 1 Signature	Date
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Designated Operator 2 Signature		Date	

♦ **All mailings will be sent to the address associated with your Operator's license.** If you wish to have system-specific mailings sent to an alternate address (different than that associated with the Operator's license), please include that information on page 2 of this form.

Alternate Addresses

Primary Designated Operator

For all system-specific correspondence from the Drinking Water Program

Address:
City: State: Zip:

Sampler

For all system-specific correspondence from the Drinking Water Program, as well as laboratory materials (i.e., sample bottles)

Address:
City: State: Zip:

To update other contact information for this system, please use the *Public Water System Points of Contact* form (DWP0185)

For assistance, contact your PWS Inspector or call the Maine Drinking Water Program at 207-287-2070

Please return completed forms to:

Maine CDC – Drinking Water Program

Mail:
286 Water Street, 3rd Floor
State House Station 11
Augusta, ME 04333-0011

Fax:
207-287-4172