

WATER POLLUTION CONTROL SYSTEM OPERATOR DESIGNATION FORM

NCAC 15A 8G .0201
TAB to Navigate Form

Facility Name: _____ Permit # _____

Facility Type: _____ Facility Grade: _____ **SUBMIT A SEPARATE FORM FOR EACH CLASSIFICATION**

Permittee Owner/Officer Name: _____

Email Address: _____

Permittee Signature: _____ Date: _____

ORC *Operator in Responsible Charge*

Full Name: _____ Work Phone: _____

Email Address: _____

Certificate Type: _____ Certificate Grade: _____ Certificate #: _____

Signature: _____ Effective 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."

Backup ORC

Full Name: _____ Work Phone: _____

Certificate Type: _____ Certificate Grade: _____ Certificate #: _____

Signature: _____ Effective 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 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."

Backup ORC

Full Name: _____ Work Phone: _____

Certificate Type: _____ Certificate Grade: _____ Certificate #: _____

Signature: _____ Effective 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 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."

Mail, fax or email **ORIGINAL** to: WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618 | FAX: 919-715-2726 | certadmin@ncdenr.gov

Mail or fax a **COPY** to:

Facility Name: _____ Permit #: _____

Backup ORC

Full Name: _____ Work Phone: _____
Certificate Type: Select Certificate Grade: _____ Certificate #: _____

Signature: _____ Effective 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 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."

Backup ORC

Full Name: _____ Work Phone: _____
Certificate Type: Select Certificate Grade: _____ Certificate #: _____

Signature: _____ Effective 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 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."

Backup ORC

Full Name: _____ Work Phone: _____
Certificate Type: Select Certificate Grade: _____ Certificate #: _____

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Backup ORC

Full Name: _____ Work Phone: _____
Certificate Type: Select Certificate Grade: _____ Certificate #: _____

Signature: _____ Effective 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 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."