

# Animal Waste Management System Operator Designation Form

WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618

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)

Email this form to: [certadmin@deq.nc.gov](mailto:certadmin@deq.nc.gov)

Mail or fax to your  
DEQ Regional Office (or  
email to your contact)

**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: 910.350.2004  
Phone: 910.796.7215

**Winston-Salem**  
450 W. Hanes Mall Rd  
Winston-Salem 27105  
Fax: 336.776.9797  
Phone: 336.776.9800

(Retain a copy of this form for your records)