

# Water Pollution Control System OPERATOR IN RESPONSIBLE CHARGE (ORC) Designation Form

NCAC 15A 8G .0201  
TAB to Navigate Form

Facility Name: \_\_\_\_\_ Permit # \_\_\_\_\_

Facility Type/Classification: \_\_\_\_\_ Facility Grade: \_\_\_\_\_ **SUBMIT A SEPARATE FORM FOR EACH CLASSIFICATION**

Permittee Owner/Officer Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ORC

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 WPCSOCC"*

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## Backup ORC

Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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 WPCSOCC"*

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## Backup ORC

Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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 WPCSOCC"*

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

**AND**

**Send to your DEQ Regional Office** (send to your contact or find emails here: [www.deq.nc.gov/about/contact/regional-offices](http://www.deq.nc.gov/about/contact/regional-offices) or fax using this drop down list:

Use the 2nd page only if you need to list additional Backups.

Facility Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

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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 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 WPCSOCC"*

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**Backup ORC**

Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Certificate Type: Select Certificate Grade: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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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 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 WPCSOCC"*

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**Backup ORC**

Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Certificate Type: Select Certificate Grade: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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