

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: _____

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"

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"

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

AND

Send to your DEQ Regional Office (send to your contact or find emails here: 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 #: _____

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"

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"

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"

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"