Drinking Water Services
Small Water System
Operator Designation Application

All parts of the application must be completed and signed by the owner if there is any change in ownership or the direct responsible charge. This form is to be completed every three years for renewal and within 30 days of any change of ownership or operator. Incomplete, unsigned or undated applications will not be accepted. Instructions start on page (3) three.

Reason for change: check all applicable boxes
☐ Change in water system name
☐ Change in owner/or authorized agent
☐ Change in Direct Responsible Charge information
☐ Update phone, address, email information
☐ Update contract information

Section A
PWS ID # 41- County:
PWS system name:
☐ Check if updating system name. Previous name:
Are you renewing an existing certification? Yes ☐ No ☐
If yes, give expiration date:

Section B
Owner: the owner (or authorized agent) is the person or entity that owns or is responsible for the public water system (e.g. mobile home park, private corporation, privately owned subdivision). The (authorized agent) may be the manager of mobile home park, one of the officers of the association, a school district officer or the principal and is the person directly appointed by the owner and must have been given the authority to act and sign all legal documents in the owners behalf.

Owner (authorized agent) (print) Business Name
Name: Address:
Title: City: State:
Business Phone: Zip:
Contact Phone:
Email:

Signature: _______________________________ Date: ________________

New SWSOD app 2/5/13
Section C
Direct Responsible Charge (DRC): The DRC is the operator employed or contracted by the owner to run and oversee daily water distribution and treatment operations. The DRC must have either taken the program approved SWS training or be certified level D1-4 or T1-4. The DRC may not sign for the owner unless DRC is also the owner (or co-owner) of the system.

Name: Address:
SS#: City:
Email: State: Zip:
Business phone: ext Phone:
Signature: ______________________________ Date: ____________

Class Training: Date of class: Location of class: Online
Certified in WT or WD; Oregon Cert #: Level: Contractor* Yes No
*Has the most current contract been submitted to the DWS in the past three years? Yes No (A contract must be submitted every three years with this application)

Section D
Additional Operator (print)
Name: Address:
SS#: City:
Email: State: Zip:
Business phone: ext Phone:
Signature: ______________________________ Date: ____________

Class Training: Date of class: Location of class: Online
Certified in WT or WD; Oregon Cert #: Level: Contractor* Yes No

Section E
Is the contact information for the SWS one of the above? Yes 1. Owner: 2. DRC:
No (Complete information below)
System Contact: (Alternate)
Name: Title:
Address: City:
Business Phone: ( ) State: Zip:
Signature: ______________________________ Date: ____________

When completed, mail original application to: Oregon Health Authority Drinking Water Services PO Box 14450 Portland OR 97293-0450
For further information: Website: http://healthoregon.org/opcert Or call Operator Certification: 971-673-0405
Instructions

Section A  Name of System
PWS: Print or type the name of the system and the system’s ID number. You can look up your system ID# by going to http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Page s/certif.aspx click on data online and follow directions.

New or renew: Mark whether this application is for renewal.
Expiration date: Print or type the current or previous expiration date

Section B  Owner
Name: Print or type the name of the owner
Business: Print the place of business
Title: Print the title of the owner, (Manager of MHP, Principal, etc.).
Address: Print the mailing address
Phone Number: Print the phone number(s)
Email: Print the email address
Signature and date: The owner must sign and date this section B

Section C  DRC
Name: Print or type the name of the DRC.
SS# Print the DRC Social Security number (see page 4)
Address: Print the mailing address
Phone Number: Print the phone number(s)
Email: Print the email address
Signature and date: The DRC must sign and date this section C

Training: Check this box if you took the SWSTC training, write the date of class and location; or check the box if you took the training online.
Certified: Check this box if you are currently certified in Oregon as a water distribution or water treatment operator. Include the certification # and level of certification.

Contract Check yes or no if the current signed contract has been submitted. Is the operator an employee or did you hire out for an operator? If there have been any changes in the system name, owner or operator a new contract must be submitted.

Section D  Additional Operators
Name: Print or type the name of the operator
SS# Print the SS# (see page 4)
Email: Print the email address
Address: Print the mailing address
Phone Number: Print the phone number
Signature and date: The operator must sign and date this section D
Training: Check the box if you took the SWSO training, write the class date and location or check the box if you took the training online.
Certified: Check the box if you are currently certified in Oregon as a Water Distribution or Water Treatment operator, include the Certification # and level of Certification.

List additional operators by completing Section D only.
Section E  Contact Information
Check the correct box for contact information.
Print or type the alternate contact information the name of the person who is to be the contact person for the system and mark their affiliation with the system.

Mail Original signed and dated application

5. Legal Owner

This portion of the form must be signed by someone with authority to designate the operator on behalf of the system. An operator cannot designate themselves as being in direct responsible charge unless they are owners (or co-owners) of the system.

Depending on the type of system, that authority could reside with a number of persons. It could be the actual owner or, in the case of a homeowners association, one of the officers of the association. For a school, it could be a district officer or the principal of the school. For a workplace, it could be the general manager, or an officer of the company.

Rules: The operator certification rules can be found starting 333-061-0205

Social Security Numbers:

State law requires you to provide your Social Security Number for any certification, license, or registration issued by the State of Oregon. Failure to provide your Social Security Number will be a basis to refuse to issue or renew the certification you seek. This record of your Social Security Number will be used for child support enforcement purposes and will not be used as a certification number on any certificate.

(Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC § 666(a)(13))