

CONTRACT OPERATOR DESIGNATION SHEET

(Optional: Only required if your system is under the direct responsible Charge of a contract fully certified operator)

_____ complies with the certified operator requirements by contracting with: (name of system)

Company Name (if applicable) _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____ Phone #: _____

List information on all contract operators who are the Certified Operators in

Responsible Charge for this system:

Operator Name: _____ Certification # _____ Class/Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator

Operator Name: _____ Certification # _____ Class/Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator

Operator Name: _____ Certification # _____ Class/Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator

List information on all other systems this contractor or company is responsible for:

Number of other public water systems or public wastewater systems presently operated: _____

PWS# or MPDES #: _____	Name: _____	City: _____
PWS# or MPDES #: _____	Name: _____	City: _____
PWS# or MPDES #: _____	Name: _____	City: _____
PWS# or MPDES #: _____	Name: _____	City: _____