NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Empire State Plaza - Corning Tower Room 1110
Albany, NY 12237
(518) 402-7712

Designation of Water Operator in Responsible Charge

INSTRUCTIONS

1. Type or Print - No pencil/felt tip pen.
2. Form must be completed in its entirety.
3. Form must be completed by system owner and designated operator in responsible charge.
4. Form must be signed and dated by both parties.

5. Submit to the New York State Department of Health.

SYSTEM INFORMATION

1. System Name:	2. Classification of System:	3. System Phone: ( )
4. System Address: *(Street)* *(City)* *(State)* *(Zip)*		
5. Owner's Name: *(Last)* *(First)* *(MI)*		6. Home phone: ( ) Work phone: ( )
7. Owner's Address: *(Street)* *(City)* *(State)* *(Zip)*		

OPERATOR IN RESPONSIBLE CHARGE INFORMATION

Do not provide Social Security number	9. NYS DOH Certificate #	10. Grade of Certification
11. ORC's Name: *(Last)* *(First)* *(MI)*		12. Home phone ( ) Work phone ( )
13. ORC's Address: *(Street)* *(City)* *(State)* *(Zip)*		

VERIFICATION

Note: Read carefully before signing

I certify that all information provided in this form for designation of operator in responsible charge for the above referenced water system is true. I understand that misstatement of material facts may result in a violation of Subpart 5-4 of the State Sanitary Code.

Signed _____ Date _____/_____/_____
(System Owner)

Signed _____ Date _____/_____/_____
(Operator in Responsible Charge)