WATER POLLUTION CONTROL SYSTEM OPERATOR DESIGNATION FORM (WPCSOCC)

NCAC 15A 8G .0201

*Press **TAB** to enter information*

Permittee Owner/Officer Name: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Signature: _____ Date: _____

Facility Name: _____ **Permit #** _____

County: _____

YOU MUST SUBMIT A SEPARATE FORM FOR EACH TYPE AND CLASSIFICATION OF SYSTEM:

Facility Type:	Select
Facility Grade:	Select

OPERATOR IN RESPONSIBLE CHARGE (ORC)

Print Full Name: _____ Work Phone: _____

Certificate Type: Select Certificate Grade: Select Certificate #: _____

Email Address: _____

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 Water Pollution Control System Operators Certification Commission."

BACKUP ORC

Print Full Name: _____ Work Phone: _____

Certificate Type: Select Certificate Grade: Select Certificate #: _____

Email Address: _____

Signature: _____ Effective Date: _____

"I certify that I agree to my designation as a Back-up 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 Water Pollution Control System Operators Certification Commission."

Mail, fax or email **ORIGINAL** to: WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618 **Fax:** 919-715-2726 **Email:** certadmin@ncdenr.gov

Mail or Fax a **COPY** to:

Asheville
2090 US Hwy 70
Swannanoa, NC 28778
Fax: 828-299-7043
Phone: 828-296-4500

Fayetteville
225 Green St., Suite 714
Fayetteville, NC 28301-5043
Fax: 910-486-0707
Phone: 910-433-3300

Mooresville
610 E. Center Ave., Suite 301
Mooresville, NC 28115
Fax: 704-663-6040
Phone: 704-663-1699

Raleigh
3800 Barrett Dr.
Raleigh, NC 27609
Fax: 919-571-4718
Phone: 919-791-4200

Washington
943 Washington Sq. Mall
Washington, NC 27889
Fax: 252-946-9215
Phone: 252-946-6481

Wilmington
127 Cardinal Dr.
Wilmington, NC 28405-2845
Fax: 910-350-2004
Phone: 910-796-7215

Winston-Salem
45 W. Hanes Mall Rd.
Winston-Salem, NC 27105
Fax: 336-776-9797
Phone: 336-776-9800

Facility Name: _____ **Permit #:** _____

BACKUP ORC

Print Full Name: _____ Work Phone: _____

Certificate Type: Select Certificate Grade: Select Certificate #: _____

Email Address: _____

Signature: _____ Effective Date: _____

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