WATER POLLUTION CONTROL SYSTEM OPERATOR DESIGNATION FORM (WPCSOCC)

NCAC 15A 8G .0201

Press **TAB** to enter information

Permittee Owner/C	Dfficer Name: mail Address:				
Permittee Signature	e:		Date:	-	
Facility Name:			Permit #		
SUBMIT A <u>SEPAR</u>	ATE FORM FOR EACH SYS	STEM CLASSIFICATION:			
	ORC - C	PERATOR IN RESPONSIBL	E CHARGE		
Print Full Name:					
			Certificate #:		
Signature:			Effective Date:		
_	-	System Operators Certification C BACKUP ORC	15A NCAC 08G .0204 and failing Commission."	to do so can result in	
Print Full Name:			Work Phone:		
_	Select Certificate Grade: Select				
Email Address:	<u> </u>	sertificate Grade. Scient			
Signature:			Effective Date:		
the rules and regulat	ions pertaining to the responsi		ge for the facility noted. I unders n 15A NCAC 08G .0204 and failin Commission."	=	
Mail, fax or email	WPCSOCC, 1618 Mail Servi	ice Center, Raleigh, NC 27699-16	518		
ORIGINAL to:	Email: certadmin@ncdenr.gov Fax: 919-715-2726				
Mail or Fax a <u>COPY</u> to	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	Wilmington 127 Cardinal Dr.	Winston-Salem 45 W. Hanes Mill Rd.		
	Washington, NC 27889 Fax: 252-975-3716	Wilmington, NC 28405-2845 Fax: 910-350-2004	Winston-Salem, NC 27105 Fax: 336-776-9797 Phone:		

Phone: 910-796-7215

336-776-9800

Phone: 252-946-6481

Facility Name: _		Perm	Permit #:	
		BACKUP ORC		
Print Full Name:			Work Phone:	
		Certificate Grade: Select	Certificate #:	
Email Address:			·	
Signature:			Effective Date:	
the rules and regula	ations pertaining to		or the facility noted. I understand and will abide by A NCAC 08G .0204 and failing to do so can result in nmission."	
		BACKUP ORC		
Print Full Name:			Work Phone:	
Certificate Type:	Select	Certificate Grade: Select	Certificate #:	
Email Address:				
Signature:			Effective Date:	
_		ution Control System Operators Certification Com	A NCAC 08G .0204 and failing to do so can result in nmission."	
		BACKUP ORC		
Print Full Name:			Work Phone:	
Certificate Type:	Select	Certificate Grade: Select	Certificate #:	
Email Address:				
Signature:			Effective Date:	
the rules and regula	ations pertaining to		or the facility noted. I understand and will abide by A NCAC 08G .0204 and failing to do so can result in amission."	
		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."