

North Carolina Water Treatment Facility Operators Certification Board

ORC DESIGNATION FORM

System Name: _____ PWS ID: _____ County: _____

Treatment ORC		Distribution ORC	
If water is treated, a treatment ORC is required .		Distribution ORC is exempt if system has a treatment ORC and serves 100 or fewer connections.	
Operator's Certification Level:	Certification #	Operator's Certification	Certification #
A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<input type="checkbox"/> Well <input type="checkbox"/> Surface	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Distribution
Name: _____ Address: _____ _____ Tele: Work () _____ Home () _____ Designated ORC Signature _____ <i>"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 18D .0701 and failing to do so can result in Disciplinary Actions by the North Carolina Water Treatment Facility Operators Certification Board".</i>		Name: _____ Address: _____ _____ Tele: Work () _____ Home () _____ Designated ORC Signature _____ <i>"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 18D .0701 and failing to do so can result in Disciplinary Actions by the North Carolina Water Treatment Facility Operators Certification Board".</i>	
Cross Connection ORC	Certification #	Owner Information	
Cross Connection Control ORC is needed if the distribution system has a need for five or more testable backflow prevention assemblies as required by 15A NCAC 18C .0406(b).		Owner Name: _____ Address: _____ _____ Tele: _____ FAX: _____ Owner Email: _____ Written permission must be obtained from the Board to use the same operator as ORC for more than one type of system. The ORC must hold the proper level of certifications. If you wish an operator to be designated for more than one type of system, please attach a letter to this form and it will be submitted for the Board's review at our next quarterly Board meeting. Board meetings are held March, June, September and December. I certify this information is accurate and complete. Owner Signature _____ Title: _____ Date: _____	
Name: _____ Address: _____ _____ Tele: Work () _____ Home () _____ Designated ORC Signature _____ <i>"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 18D .0701 and failing to do so can result in Disciplinary Actions by the North Carolina Water Treatment Facility Operators Certification Board".</i>			

*****Signatures are REQUIRED by owner and ORC(s)*****

1635 Mail Service Center
 Raleigh, North Carolina 27699-1635
 (919) 707-9040
 FAX: (919) 715-2726