

# WATER POLLUTION CONTROL SYSTEM OPERATOR DESIGNATION FORM (WPCSOCC)

NCAC 15A 8G .0201

Press **TAB** to enter information

Permittee Owner/Officer Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Permit # \_\_\_\_\_

**SUBMIT A SEPARATE FORM FOR EACH CLASSIFICATION OF SYSTEM:** Facility Type: \_\_\_\_\_

Facility Grade: \_\_\_\_\_

## ORC - OPERATOR IN RESPONSIBLE CHARGE

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 WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618

**ORIGINAL** to: **Email:** [certadmin@ncdenr.gov](mailto:certadmin@ncdenr.gov) **Fax:** 919-715-2726

Mail or Fax a **COPY** to:

<b>Asheville</b> 2090 US Hwy 70 Swannanoa, NC 28778 <b>Fax:</b> 828-299-7043 <b>Phone:</b> 828-296-4500	<b>Fayetteville</b> 225 Green St., Suite 714 Fayetteville, NC 28301-5043 <b>Fax:</b> 910-486-0707 <b>Phone:</b> 910-433-3300	<b> Mooresville</b> 610 E. Center Ave., Suite 301 Mooresville, NC 28115 <b>Fax:</b> 704-663-6040 <b>Phone:</b> 704-663-1699	<b>Raleigh</b> 3800 Barrett Dr. Raleigh, NC 27609 <b>Fax:</b> 919-571-4718 <b>Phone:</b> 919-791-4200
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**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 Mill 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: \_\_\_\_\_

*"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."*

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