



Public Wastewater System Operator Licensure Record Form

Fill Out A Separate Form For Each Treatment And Collection System

PRINT CLEARLY!

Public Wastewater System Information

Wastewater System Name

(Legal Name of Record) _____

Owner of Record or Responsible Legal Party _____

Mailing Address of System

Street	City	State	Zip
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Physical Address of System

Street	City	State	Zip
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Public Wastewater System Type: (check one, then appropriate box under system class)

Treatment (includes Reuse) Collection

Public Wastewater System Class (check one):

Very Small Wastewater System Class I Class II Class III Class IV

Licensed Operating Personnel:

As the owner of the public wastewater system identified above, I understand it is my responsibility to employ, retain, or appoint operating personnel holding current licenses to make system control or system integrity decisions about water quantity or quality that may affect public health.

All operating personnel hold current licenses Yes No

If YES, list all operators by name and license number on back of this form.

If NO, explain on back of form.

Reuse (Land Application) Licensed Operators:

At least one operator at Reuse (Land Application) systems must hold a current Reuse license (IDAPA 58.01.16.203.07). This operator may be different from the treatment RCOs and SRCOs. Please list below and continue on reverse, as necessary.

Reuse (Land Application) Operator: _____ Reuse (Land Application) License Number : _____

Responsible Charge Operator:

As the owner of the public wastewater system identified above, I understand it is my responsibility to designate from among the currently licensed system operators, one or more Responsible Charge Operator(s) (RCO), depending on the size and nature of system, to directly supervise the performance of operations and employees on a daily basis at such times the system is in operation. I agree the designated RCO will be licensed at a class equal to or greater than the classification of the wastewater system. I further agree that if designating the same individual to be the RCO of both a treatment and a collection system, that the individual will hold two (2) current licenses, one for treatment and one for collection. Very small wastewater system RCO's and SRCO's must hold a very small wastewater license. I have designated the following individual(s) as the RCO. If more than one RCO, identify by name, date became RCO, & license number on the back of this form.

Responsible Charge Operator: _____ License Number: _____

RCO Effective as of this date: _____ Telephone: _____

Is the RCO available 24 hours a day 7 days a week? Yes No Cell Phone: _____

e-mail: _____

Substitute Responsible Charge Operator

I have designated the following person (s) as Substitute Responsible Charge Operator (SRCO) for this system.

(NOTE: A substitute must be a different person than the Responsible Charge Operator).

Substitute Responsible Charge Operator: _____ License Number: _____

SRCO Effective as of this date: _____ Telephone: _____

Cell Phone: _____

e-mail: _____

Substitute Responsible Charge Operator

Reporting Requirement for Change of Responsible Charge Operators

I understand it is my responsibility to notify the Department of Environmental Quality within thirty (30) days of any change of RCO or SRCO by submitting the change of information on this standard form. (IDAPA 58.01.16.203.01)

Owner Verification

I certify that I am the owner of this public wastewater system, or legally designated to represent the owner of this public wastewater water system, and that the responses provided herein are true and accurate:

Owner Signature _____

Date: _____

Return completed form to: DEQ, 1410 N. Hilton, Boise, ID 83706, ATTENTION: Amy Southern or amy.southern@deq.idaho.gov.
Keep a copy of this form for your records.

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Fill Out Operating Personnel Information
PRINT CLEARLY!

Additional Licensed Operating Personnel:

	Name	Licensed Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

Attach an additional page if more space is needed.

Additional Responsible Charge Operators:

	RCO	Licensed Number	RCO Effective as of this date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Additional Substitute Responsible Charge Operators:

	SRCO	License Number	SRCO Effective as of this date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Comments or additional information:

