# 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

### Physical Address of System
Street  City  State  Zip

## Public Wastewater System Type:
(choose one, then appropriate box under system class)

- [ ] Treatment (includes Reuse)
- [ ] Collection

## Public Wastewater System Class (choose 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: ______________________

### Is the RCO available 24 hours a day 7 days a week?  
- [ ] Yes  
- [ ] No

### Telephone: ____________________

### 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: ____________________________

### Telephone: ____________________

### Cell Phone: ____________________

### e-mail: ____________________

### SRCO Effective as of this date: __________________

## 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: Jerimiah Fenton or Jerimiah.Fenton@deq.idaho.gov. Keep a copy of this form for your records.

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### Public Wastewater System Operator Licensure Record Form

**Fill Out Operating Personnel Information**

**PRINT CLEARLY!**

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#### Additional Licensed Operating Personnel:

<table>
<thead>
<tr>
<th>Name</th>
<th>Licensed Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>11.</td>
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<td>12.</td>
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</tbody>
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Attach an additional page if more space is needed.

#### Additional Responsible Charge Operators:

<table>
<thead>
<tr>
<th>RCO</th>
<th>Licensed Number</th>
<th>RCO Effective as of this date</th>
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</thead>
<tbody>
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<tr>
<td>2.</td>
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<td>4.</td>
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</tbody>
</table>

#### Additional Substitute Responsible Charge Operators:

<table>
<thead>
<tr>
<th>SRCO</th>
<th>License Number</th>
<th>SRCO Effective as of this date</th>
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</thead>
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<td>1.</td>
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</table>

**Comments or additional information:**