

Public Water System Designated Operator Form

Submit this form to Minnesota Department of Health for address or employer changes, and contract operating. Any changes to this information must be submitted to the Drinking Water Program within 30 days of the change.

Public Water System Information

Water System Name _____ PWSID # _____

System Mailing Address _____

Contact Name _____ Phone Number _____

System Type (check one)

Community Non-transient Non-community Transient (using surface water)

Designated Operator Information

Operator Name (First, Middle Initial, Last) _____

Mailing Address _____

City, State, ZIP _____ Daytime Phone _____

Certificate Number and Class _____ Emergency Phone _____

Owner or Owner's Representative

(skip if just submitting an address change)

The undersigned public water system hereby notifies the MDH of its intention to meet the requirements for certified water operators pursuant to Chapter 9400.0100-9400.1500 the State of Minnesota Rules Relating to Drinking Water Operator Certification. The above named Public Water System hereby certifies that the water system is under the direct supervision of the above named appropriately certified operator.

Signed _____ Date _____

(Owner or Owner's Representative)

Operator: The undersigned water supply system operator hereby notifies the MDH that he/she has full and active responsibility for the operation of the water system during each operating shift pursuant to Chapter 9400.0100-9400.1500 the Minnesota Water Operator Certification Rules. I hereby declare that my information I have provided is true and complete. Contract Operators: By signing this application, you are verifying that you are a hands-on operator and are directly responsible for the operation of this water system. I hereby acknowledge that I have read and understand the information above.

Signed _____ Date _____

(Designated operator)