## **Animal Waste Management System Operator Designation Form**

## WPCSOCC NCAC 15A 8F .0201

Facility/Farm Name:				
Permit #:	Facility I	D#:C	County:	
Operator In Charge (OIC	)			
Name: First M				
First M	iddle Last	Jr, Sr, etc.		
Cert Type / Number:		Work Phone:		
Signature:			Date:	
"I certify that I agree to my design pertaining to the responsibilities so Pollution Control System Operato	et forth in 15A NCAC 08F .0	203 and failing to do so can re		
Back-up Operator In Cha	arge (Back-up OIC) (	Optional)		
Name: First				
First	Middle Las	t Jr, Sr, etc.		
Cert Type / Number:		Work Phone:		
Signature:	Date:			
"I certify that I agree to my design regulations pertaining to the respo Water Pollution Control System C	onsibilities set forth in 15A No	CAC 08F .0203 and failing to		
Owner/Permittee Name:				
Phone #: ()		Fax#: (	)	
Signature:			Date:	
(Owner or authorized a	gent)			
Mail, fax or email the original to:	WPCSOCC, 1618 Ma	il Service Center, Raleig <mark>lenr.gov</mark>	gh, NC 27699-1618 Fa	ax: 919.715.2726
Mail or fax a copy to the appropriate Regional Office:	Asheville 2090 US Hwy 70 Swannanoa 28778 Fax: 828.299.7043 Phone: 828.296.4500  Washington 943 Washington Sq Mall Washington 27889	Fayetteville 225 Green St Suite 714 Fayetteville 28301-5043 Fax: 910.486.0707 Phoen: 910.433.3300  Wilmington 127 Cardinal Dr Wilmington 28405-2845	Mooresville 610 E Center Ave Suite 301 Mooresville 28115 Fax: 704.663.6040 Phone: 704.663.1699 Winston-Salem 450 W. Hanes Mall Rd Winston-Salem 27105	Raleigh 3800 Barrett Dr Raleigh 27609 Fax: 919.571.4718 Phone:919.791.4200
	Fax: 252.946.9215 Phone: 252.946.6481	Fax: 910.350.2004 Phone: 910.796.7215	Fax: 336.776.9797 Phone: 336.776.9800	

(Retain a copy of this form for your records)