

North Carolina Water Treatment Facility Operators Certification Board

**ORC DESIGNATION FORM**

System Name: \_\_\_\_\_ PWS ID: \_\_\_\_\_ County: \_\_\_\_\_

Treatment ORC		Distribution ORC	
If water is treated, a <b>treatment ORC</b> is <u>required</u> .		Distribution ORC is <u>exempt</u> if system has a treatment ORC and serves 100 or fewer connections.	
<b>Operator's Certification Level:</b>	<b>Certification #</b>	<b>Operator's Certification</b>	<b>Certification #</b>
A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<input type="checkbox"/> Well <input type="checkbox"/> Surface	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>Distribution</b>
<b>Name:</b> _____ <b>Home Address:</b> _____ _____ <b>Tele:</b> Work ( ) _____ Home ( ) _____ <b>Designated ORC Signature</b> _____ <i>"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 18D .0701 and failing to do so can result in Disciplinary Actions by the North Carolina Water Treatment Facility Operators Certification Board".</i>		<b>Name:</b> _____ <b>Home Address:</b> _____ _____ <b>Tele:</b> Work ( ) _____ Home ( ) _____ <b>Designated ORC Signature</b> _____ <i>"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 18D .0701 and failing to do so can result in Disciplinary Actions by the North Carolina Water Treatment Facility Operators Certification Board".</i>	
<b>Cross Connection ORC</b>	<b>Certification #</b>	<b>Owner Information</b>	
<b>Cross Connection Control ORC</b> is needed if the distribution system has a need for <b>five or more</b> testable backflow prevention assemblies as required by 15A NCAC 18C .0406(b). <b>Name:</b> _____ <b>Home Address:</b> _____ _____ <b>Tele:</b> Work ( ) _____ Home ( ) _____ <b>Designated ORC Signature</b> _____ <i>"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 18D .0701 and failing to do so can result in Disciplinary Actions by the North Carolina Water Treatment Facility Operators Certification Board".</i>		<b>Owner Name:</b> _____ <b>Address:</b> _____ <b>Tele:</b> _____ <b>Email:</b> _____ <b>Check this box if the above listed owner is new as of this form.</b> Written permission must be obtained from the Board to use the same operator as ORC for more than one type of system. The ORC must hold the proper level of certifications. If you wish an operator to be designated for more than one type of system, please attach a letter to this form and it will be submitted for the Board's review at our next quarterly Board meeting. Board meetings are held March, June, September and December. <b>I certify this information is accurate and complete.</b> <b>Owner Signature</b> _____ Title: _____ Date: _____	

**\*\*\*Signatures are REQUIRED by owner and ORC\*\*\***

Submit completed form to:  
 1635 Mail Service Center  
 Raleigh, North Carolina 27699-1635  
 or by e-mail to certadmin@deq.nc.gov  
 Questions? Call (919) 707-9040