



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

**OPERATOR DESIGNATION FORM
FOR COMMUNITY WATER SUPPLY**

Issued under authority of 1976 PA 399, MCL 325.1001 et seq., and Administrative Rules, as amended. Failure to submit this information is a violation of Act 399 and may subject the water supply to enforcement penalties.

Supply Name

Effective Date

WSSN

System Classification

Administrative Rule R 325.11905(1) requires water supplies to be under the supervision of an operator in charge (OIC) certified in the system classification. Please use this form to designate an OIC, back-up operator, or if appropriate, a back-up operations plan. The OIC must be re-designated with a change in ownership, staff, or operator service.

Operator in Charge

Operator ID Number

Certificate(s) Held

Email Address

Operator Mailing Address

City, State, Zip Code

Telephone Number

Emergency Telephone Number

Operator Signature

Date

Administrative Rule R 325.11905(7-8) states that a class D-1 or class D-2 system shall designate one or more operators holding a D-4 or higher certificate as a back-up operator. A class S-1 or class S-2 system shall designate one or more operators holding an S-4 or higher certificate as a back-up operator.

Back Up Operator

Operator ID Number

Certificate(s) Held

Email Address

Operator Mailing Address

City, State, Zip Code

Telephone Number

Emergency Telephone Number

Operator Signature

Date

WSSN _____

Other Operator

Email Address

Emergency Telephone Number

Date

Title

Date

1. This back-up operations plan will be implemented as follows: (Please specify how and when the plan will be implemented by your supply. List names of individuals and/or water suppliers that will be utilized.)



Supply Name _____

WSSN _____

2. The following is a summary of the routine minimum daily operation requirements (attach another page if necessary).

Submit this information to the appropriate Department of Environment, Great Lakes, and Energy (EGLE) district office.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.