



# 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*

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

Supply Name:			
System Classification:		WSSN:	
Operator in Charge			
License(s) Held:		Operator ID:	
Operator Mailing Address:			
City, State, Zip:			
Phone:		Emergency Phone:	
Email:			
Signature:			

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:			
License(s) Held:		Operator ID:	
Operator Mailing Address:			
City, State, Zip:			
Phone:		Emergency Phone:	
Email:			
Signature:			

Please list any other designated operators in this section (such as distribution operators)

Other Operator:			
License(s) Held:		Operator ID:	
Operator Mailing Address:			
City, State, Zip:			
Phone:		Emergency Phone:	
Email:			
Signature:			

Operator designated by water supply owner or designated representative (Examples: city manager, public works director, management company, owner, administrative contact)

Signature:			
Name:		Date:	

Administrative Rule R 325.11905(9) states that a waterworks system shall have in place a plan for proper operation of the waterworks system when the OIC is not available. You may use this form to record a plan. For a D-1, D-2, S-1 or S-2 system, or systems with designated treatment and distribution operators, please list who will address specific items within the water supply. A smaller system may provide this plan in lieu of designating a certified back-up operator.

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.)

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

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto: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.