



Idaho Public Drinking Water Program

Fill out a separate form for each treatment and distribution system

Public Drinking Water System information:

Public Drinking Water System Name

(Legal Name of Record) _____

Public Water System Number _____

Owner of Record or Responsible Legal Party _____

Mailing Address of System

Street _____ City _____ State _____ Zip _____

Physical Address of System

Street _____ City _____ State _____ Zip _____

System Classification Information:

Public Water System Type (Check one, then check appropriate class below): Treatment Distribution

Public Water System Class (Check one):

VSWS Class I Class II Class III Class IV Class Unknown

Responsible Charge Operator:

As the owner or owner’s designee of the public drinking water system identified above, I understand it is my responsibility to designate a properly licensed person (or persons) to be Responsible Charge Operator(s), depending on the size and nature of the system, to directly supervise the performance of operations and employees on a daily basis at such times that the system is in operation. I further understand it is my responsibility to designate a properly licensed person (or persons) to be Substitute Responsible Charge Operator(s) to perform the duties of the responsible charge operator in their absence.

I have designated the following person(s) as Responsible Charge Operator(s) for this system.

Responsible Charge Operator _____

License Number _____

Responsible Charge Operator _____

License Number _____

Substitute Responsible Charge Operator:

I have designated the following person(s) as Substitute Responsible Charge Operator(s) for this system.

(NOTE: A substitute must be a different person than the Responsible Charge Operator).

Substitute Responsible Charge Operator _____

License Number _____

Substitute Responsible Charge Operator _____

License Number _____

I certify that I am the owner of this public drinking water system, or legally designated to represent the owner of this public drinking water system, and that the responses provided herein are true and accurate.

Owner Signature _____ Date _____

Return completed form to: Attention: Joan Thomas, DEQ, 1410 N. Hilton, Boise, ID 83706 - you may use the mailer on the reverse side.

Keep a copy of this form for your records.





DEPARTMENT OF ENVIRONMENTAL QUALITY

1410 North Hilton
Boise, Idaho 83706-1290

Idaho PWS Responsible Charge Operator Report Drinking Water Program

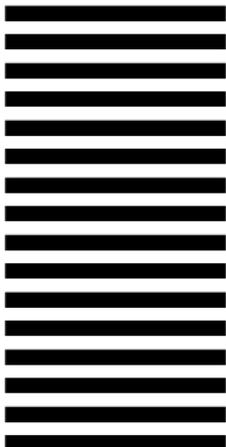
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ATTN: JOAN THOMAS, DRINKING WATER PROGRAM
IDAHO DEPT OF ENVIRONMENTAL QUALITY
STATE OF IDAHO
PO BOX 83720
BOISE ID 83707-9815

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
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