



**Designation of Certified Operator in
Overall Direct Responsible Charge of Facility
(SWS & VSWS Water Distribution Systems)**

Pursuant to subsection 6(1) of the *Water Act* Water Supply System and
Wastewater Treatment System Regulations

Personal information on this form is collected under subsection 6(1) of the *Water Act* Water Supply System and Wastewater Treatment System Regulations as it relates directly to and is necessary for the designation of a certified operator in direct responsible charge of a facility. If you have any questions about this collection of personal information, you may contact the Approvals and Compliance Engineer, 11 Kent Street, POBox 2000, Charlottetown, PE, C1A 7N8, (902-368-5036).

INSTRUCTIONS

Form must be completed by facility owner and operator to be designated in overall direct responsible charge. After both parties have dated and signed the form please submit to the Department of Environment, Water and Climate Action, 11 Kent Street, PO Box 2000, Charlottetown, PE, C1A 7N8 or by fax at (902) 368-5830.

Small and Very Small System Information			
Facility Name:	Classification of Facility: SWS <input type="checkbox"/> VSWS <input type="checkbox"/>	Facility Phone: ()	
Facility Address (Civic): (Street) (City) (Province) (Postal Code)			
Facility Owner Name:		Business Ph: () Cell Ph: ()	
*Facility Mailing Address: (Street) (City) (Province) (Postal Code)			
*If different from civic address			
Operator in Overall Direct Responsible Charge Information			
Operator ID # (or indicate licensed plumber):	Operator Certificate #:	Certification Category and Class:	
Operator in Overall DRC Name:		Business Ph: () Cell Ph: ()	
*Operator in Overall DRC Address: (Street) (City) (Province) (Postal Code)			
* If you would like operator correspondence mailed to an address other than the facility address, please provide.			

We certify that all the information provided on this form for the designation of certified operator in Overall Direct Responsible Charge for the above-referenced facility is true.

Signed _____
(Facility Owner)

Date ____/____/____
(Day) (Month) (Year)

Signed _____
(Operator in Overall Direct Responsible Charge)

Date ____/____/____
(Day) (Month) (Year)