# Department of Energy and Environmental Protection Bureau of Water Protection and Land Reuse

**Chief, Shift, Process Control Operator, and Direct Responsible Charge Verification Form**

Please complete one copy of this form for each of your wastewater treatment facilities.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **INFORMATION** |  | Facility Name | | 1st Shift | 2nd Shift | 3rd Shift | Other |
| **FACILITY** | Town Name | |
| Supervisory Personnel at Facility (Number) | |  |  |  |  |
| Operations Personnel at Facility (Number) | |  |  |  |  |
| Maintenance Personnel at Facility (Number) | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  |  | Total Personnel on Shift | |  |  |  |  |
|  |  |  | Operator Name | | Certification Certificate # | | |  |
|  | **OPERATOR** |  | II III IV IVG (Circle one) | | |  |
| **CHIEF** | Date Appointed Chief Operator: | | | | | |
| Notes or Comments | | | | | |
|  | | | | | |
|  |  | | | | | |
|  |  |  |  | | | | | |
|  |  |  | Operator Name | | Certification Certificate # | | |  |
|  | **OPERATOR** |  | II III IV IVG (Circle one) | | |  |
| **SHIFT** | Date Appointed Shift Operator: What Shift? | | | | | |
| Does this operator have the authority to make process control changes? (Circle one) | | | | |  |
| Yes | No |  |  |  |  |
|  | **Shift Operator's Signature:** | | | | | |
|  |  |  | Operator Name | | Certification Certificate # | | |  |
|  | **OPERATOR** |  | II III IV IVG (Circle one) | | | |
| **SHIFT** | Date Appointed Shift Operator: What Shift? | | | | | |
| Does this operator have the authority to make process control changes? (Circle one) | | | | |  |
| Yes | No |  |  |  |  |
|  | **Shift Operator's Signature:** | | | | | |
|  |  |  | Operator Name | | Certification Certificate # | | |  |
|  | **OPERATOR** |  | II III IV IVG (Cirlce one) | | |  |
| **SHIFT** | Date Appointed Shift Operator: What Shift? | | | | | |
| Does this operator have the authority to make process control changes? (Circle one) | | | | |  |
| Yes | No |  |  |  |  |
|  | **Shift Operator's Signature:** | | | | | |
|  |  |  | Operator Name | | Certification Certificate # | | |  |
| **PROCESS** | **CONTROL** | **OPERATOR** | II III IV IVG (Circle one) | | |  |
| Date Appointed Process Control Operator: What Shift? | | | | | |
|  | | | | | |
| **Process Control Operator's Signature:** | | | | | |

I hereby certify that the information supplied above contains no willful misrepresentations or falsifications, and that the information is true and complete to the best of my knowledge and belief.

**A new form will be submitted within 14 days of when changes occur to any position noted above.**

Signed Signed

Chief Operator Date Owner/contractor Date

Submission of information requested by this form is required by Section 22a-416-6(a)(1) of the Regulation of Connecticut State Agencies. DEEP/CM December 11, 2017