

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OPERATOR VERIFICATION FORM

General Information:

Each Community or Non-Transient Non-Community Public Water System (PWS) regulated treatment plant, distribution system and small water system is required to have a certified operator. A certified operator is an individual who has been certified by the Drinking Water Section (DWS) and has met the education, experience and examination requirements specified in section 25-32-7a to 25-32-14 of the Regulations of Connecticut State Agencies.

The PWS must designate a “chief operator” for each of its water treatment plants, distribution systems and small water systems. A chief operator is a certified operator who has direct responsible charge (active daily responsibility) for the operation and maintenance of a treatment plant, distribution system, or small water system.

You may obtain Contractor List of Certified Operators from the internet go to <https://www.elicense.ct.gov/> (Click on “ONLINE SERVICES” then “Generate Roster(s)” then “Drinking Water System Operators”)

PWSs should use this form to notify the DWS of any certified operator changes for its system. A representative of the PWS and the certified operator of record must sign this form.

PWS OWNER OR LEGAL CONTACT PERSON ATTESTATION:

I verify that the below listed modification (i.e. addition and/or removal) of Certified Water Operator's responsibility for the named PWS is correct.

PWS Name: _____ PWSID: _____ Town: _____

*1

(Signature) Title Signature Date

(print name) (phone #)

CERTIFIED OPERATOR ATTESTATION:

| Certified Operator Name | Certified Operator’s Signature I verify that the listed modification to the my operational responsibility / assignment of the above listed PWS is correct. *2 | Certification Number | Chief Operator (Y, N) | Add (A), Remove (R) | Effective Date |
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NOTE: If an operator is being designated as the Chief Operator of a PWS then the signature of the Owner or Administrative Contact and the operator is required.

*1 If the Certified Operator is deleting his or her assignment then the signature of the PWS Owner and/or Legal Contact Person is not required.

*2 If the PWS Owner and/or Legal Contact Person is deleting an operator assignment then the signature of the operator is not required.



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