

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.

FACILITY INFORMATION	Facility Name	1st Shift	2nd Shift	3rd Shift	Other
	Town Name				
	Supervisory Personnel at Facility (Number)				
	Operations Personnel at Facility (Number)				
	Maintenance Personnel at Facility (Number)				
	Total Personnel on Shift				
CHIEF OPERATOR	Operator Name	Certification	Certificate #		
		II	III	IV	IVG (Circle one)
	Date Appointed Chief Operator:				
	Notes or Comments				
SHIFT OPERATOR	Operator Name	Certification	Certificate #		
		II	III	IV	IVG (Circle one)
	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:					
SHIFT OPERATOR	Operator Name	Certification	Certificate #		
		II	III	IV	IVG (Circle one)
	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:					
SHIFT OPERATOR	Operator Name	Certification	Certificate #		
		II	III	IV	IVG (Cirle one)
	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:					
PROCESS CONTROL OPERATOR	Operator Name	Certification	Certificate #		
		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 _____
Chief Operator _____ Date _____

Signed _____
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, 2013