



Communities, Land and Environment

## Designation of Certified Operator as Operator-In-Charge of Facility

Pursuant to subsection 4(1) of the *Environmental Protection Act* Drinking Water and Wastewater Facility Operating Regulations

Personal information on this form is collected under subsection 4(1) of the *Environmental Protection Act* Drinking Water and Wastewater Facility Operating Regulations as it relates directly to and is necessary for the designation of a certified operator as the operator-in-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, PO Box 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 Communities, Land and Environment, 11 Kent Street, PO Box 2000, Charlottetown, PE, C1A 7N8 or by fax at (902) 368-5830.

Facility Information			
Facility Name:	Category of Facility: WD <input type="checkbox"/> WWC <input type="checkbox"/> WT <input type="checkbox"/> WWT <input type="checkbox"/>	Classification of Facility: A <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/>	
Facility Address: (Street) (City) (Province) (Postal Code)			Facility Phone: ( )
Facility Owner Name:		Work Phone: ( ) Emergency Phone: ( )	
Facility Mailing Address:* (Street) (City) (Province) (Postal Code)			
*If different from civic address			
Operator in Overall Direct Responsible Charge Information			
Operator ID Number:	Operator Certificate Number:	Certification Category and Class:	
Operator-in-charge Name:		Work Phone: ( ) Emergency Phone: ( )	
Operator-in-charge Address:* (Street) (City) (Province) (Postal Code)			
*If you would like operator correspondence mailed to an address other than the facility address, please fill out this section.			
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By signing below, we certify that all the information provided on this form is true to the best of our knowledge.

Signed \_\_\_\_\_  
(Facility Owner)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Day) (Month) (Year)

Signed \_\_\_\_\_  
(Operator in Overall Direct Responsible Charge)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Day) (Month) (Year)