



**Designation of Certified Operator as
Operator-In-Charge of Facility**
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 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 Environment, Water and Climate Action, 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: 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:	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 #:	Operator Certificate #:	Certification Category and Class:	
Operator –in-charge Name:		Business Ph: () Cell Ph: ()	
*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.			
<hr/> <hr/> <hr/>			

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)