

Water Operator In Responsible Charge Verification Form

This form must be completed to verify that the below named operator has accepted the responsibility of being the "Water Operator In Responsible Charge" (ORC), as defined in the "Rules and Regulations Pertaining to Water Operator Licensing", for the below named Public Water System.

Mail completed Verification form to: Water Operator License Program
Engineering Section
Arkansas Department of Health
4815 West Markham, Slot 37
Little Rock, Arkansas 72205

Last Name: _____ First: _____ Middle: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ - _____
Office Phone # (_____) _____ - _____ Home Phone # (_____) _____ - _____
Public Water System Operated: _____ PWS ID # _____
Water Operator License Number for License(s) or OIT held: _____ & _____

Water Operator In Responsible Charge:

I agree to perform my duties as the system's "Water Operator In Responsible Charge" (ORC) in accordance with all Public Water System water quality and quantity applicable State and Federal Laws, Rules, and Regulations. I understand that failure to do so may result in administrative and/or civil penalties and the loss of my license. I certify that the information in this verification form is true, complete, and correct to the best of my knowledge. It is understood that the Water Operator License Program must be notified when I cease performing this system's ORC duties.

Signed: _____ Date: _____, 20____

Position Title: _____

Water System Official:

I verify as an official of the above named Public Water System that the above named operator has been retained as the system's "Water Operator In Responsible Charge" (ORC). He/She has been given adequate authority to perform all duties necessary to keep this water system in compliance with all Public Water System water quality and quantity applicable State and Federal Laws, Rules, and Regulations. I further understand that failure to comply may result in administrative and/or civil penalties against this water system and its owner. I certify that the information in this verification form is true, complete, and correct to the best of my knowledge. It is understood that the Engineering Section must be notified within 2 working days of any change in the system's ORC.

Signed: _____ Date: _____, 20____

Position Title: _____