

**WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY
OPERATOR DESIGNATION FORM**

DESIGNATION OF NEW OPERATOR

DATE ABOVE CHANGE HAPPENED: _____

FACILITY INFORMATION:

Facility Name: _____ **PWS#:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Email: _____

IS THIS OPERATOR A CONTRACT OPERATOR? YES _____ **NO** _____

OPERATOR INFORMATION

FirstName: _____ **MiddleInitial:** _____ **LastName:** _____

Date of Birth MMDDYYYY: _____ **Mailing Address:** _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Cell Phone:** _____

Email: _____

**DESIGNATION – Check all that apply
(you must select at least one):**

- Water Treatment Plant**
- Distribution System and/or Wells**
- Wastewater Treatment Plant**
- Collection System (sewer**

**If they are the chief,
please indicate below:**

- Chief**
- Chief**
- Chief**
- Chief**

SIGNATURE OF AUTHORIZED INDIVIDUAL (i.e., Mayor, owner, Public Works Director):

I certify that I am the owner or designated representative of the owner legally responsible for the system. I accept responsibility for ensuring that the operator designated by this form meets the criteria set forth in Wyoming Department of Environmental Quality rules and regulations, Chapter 5, Section 3, and that I will return the appropriate verification that contract operator duties were performed.

Authorized Individual Name: _____

Authorized Individual Title: _____

Date Signed: _____

Please fax completed form to: (307) 777-6779