



Contact/Operator- information Update Form

Please return completed form to:
MT DEQ WWO
P.O Box 200901
Helena, MT 59620-0901

This form constitutes a notice of intent from the water or wastewater system listed below to the State of Montana, Department of Environmental Quality (department) for the purpose of providing a means to fulfill the statutory obligation under Section 37-42-302, Montana Codes Annotated (MCA).

System Name: _____ Date: _____
PWSID#: _____ or MPDES# _____

System Type: [] Community Water System [] Non Transient Non Community Water System
[] Public Sewage System [] Permitted Waste Water System

of Total Service Connections: _____ # of Active Service Connections: _____

Resident Population: _____ Non- Resident Population: _____

Seasonal System [] YES [] No If Yes Seasonal Start Date : _____ Seasonal End Date: _____

Type of Treatment: (Give and explanation of the treatment used for water or waste water system)

[Empty box for treatment explanation]

Owner Information: (Use Mayor if incorporated; Use president, if not incorporated, district, HOA, WUA):

Name: _____ Phone #: _____

Mailing Address: _____ Business Email: _____

City, State & Zip Code: _____

Administrative Contact: (Person that all system correspondence should be sent to):

Name: _____ Phone #: _____

Mailing Address: _____ Business Email: _____

City, State & Zip Code: _____

Financial Contact:

Name: _____ Phone #: _____

Mailing Address: _____ Business Email: _____

City, State & Zip Code: _____

The certified operator shall be responsible for the operation and management of the system to ensure that the above listed system is in compliance with all stated regulations.

Note: Bacteriological samples for a Community or Non-transient Non-community public water supply systems must be collected by a operator certified by the department (ARM 17.38.225(5)).*

Check all of the following boxes that are appropriate and complete requested information (Note that a certified operator must be designated for each of the water and wastewater classifications that apply to your system.):

Existing fully certified staff member(s) (Note: if any of the below are contract operators then please complete the enclosed Contract Operator Designation Sheet):

Operator Name: _____ Certification # _____ Class/Type: _____
Mailing Address: _____ Business Email _____
City: _____ State: _____ Zip: _____
Signature of Operator: _____

Existing staff member who holds an operator-in-training certificate and is working towards full certification:

Operator Name: _____ Certification # _____ Class/Type: _____
Mailing Address: _____ Business Email _____
City: _____ State: _____ Zip: _____
Signature of Operator: _____

Existing staff member who will go through the process to become fully certified, but is not properly certified

Operator Name: _____ Certification # _____ Class/Type: _____
Mailing Address: _____ Business Email _____
City: _____ State: _____ Zip: _____
Signature of Operator: _____

This agreement is subject to the following conditions:

- 1) It is the responsibility of the owner of the wastewater treatment plants, water treatment plants, or water distribution systems to ensure that the operator maintains a currently valid Montana water and wastewater certification equal to or more complex than the class of the system they are operating.
- 2) The above stated system recognizes its obligation and assumes the responsibility of notifying the Department, in writing, within 3 working days of the loss of an operator or a change in certified operators.
- 3) The above stated system and the certified operator shall notify all interested parties of the existence and responsibilities of this agreement.

I certify that the information contained in this compliance plan for meeting the certified operator requirements of the State of Montana is accurate:

Signature of System Owner: _____
(If incorporated community, mayor must sign. If incorporated district, HOA, WUA the president must sign)

Signature of the Certified Operator: _____
(Certified Operator in Responsible Charge)