



Contact/Operator- information Update Form

Please return completed form to:

MT DEQ WWOC
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#: MT00 _____ or WW MPDES# _____

System Type: ☐ Community Water System ☐ Non-Transient Non-Community Water System
☐ Public Sewage System ☐ Permitted Wastewater System

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 wastewater system)

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)