Alaska Department of Environmental of Attn.: Operator Certification Program 410 Willoughby Ave., Suite 303 P.O. Box 111800 Juneau, Alaska 99811-1800	Approval of a Co	ntract Operator		
Water System Information				
Public Water System ID Number:	lic Water System ID Number: System Classification:			
Name of Public Water System:				
Physical Location of the Water System				
Address				
City	State	Zip Code		
Well System Owner:				
Number of Service Connections:	Number of People Serve	d Daily:		
Describe the water system including sour	ce water, system components, an	id all chemical additions:		
Contract Operator Information The name(s) and certification number(s) of operations contract.	of the contract operator(s) must b	be provided in the attached		
Contract Operations Information				
Frequency of visits by the contract operator:				
Estimated time it takes for the contract operator to be onsite in case of emergency:				
Mode of travel by the contract operator to the water system:				
Is the contract operator available to respond 24 hours per day?				

How is the contract operator notified of an emergency? (describe alarms, autodialers, on-call requirements)

Onsite Operations Information

Will there be personnel onsite at the system between contract operator visits?

If "Yes",

Name of onsite personnel:

List any "drinking water" courses/training completed by the onsite personnel:

Describe the responsibilities of the onsite personnel in routine situations.

Describe the responsibilities of the onsite personnel in emergency situations.

Operations Contract

Submittal of the operations contract between the water system and contract operator is required.

The essential elements required in the operations contract include:

- Contract operator's name and certification number
- Company name, if applicable
- Water system information to include:
 - System name
 - System contact name
 - System PWSID number
 - System mailing address

- Date contract begins and ends
- List of operator responsibilities
- List of system owner responsibilities
- Signature of water system representative
 - Signature of contract operator
- Date agreement is signed

Are you seeking approval of an	a gua a ma a ma a ha a ha a ha a ha a ha a	
Are you seeking approval of an	agreement that has been in	DIACE for some time? I
, ac you been appioral of an		

If "Yes", how long has this agreement been in effect?

years

months

Application Made by System Owner or Representative:

Signature	Date	
Printed Name	Title	
Questions? Contact the Operator Certification Program at (907) 165-1139 or dec opert@alaska.gov		

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