

Application for Approval of a Contract Operator

Alaska Department of Environmental Conservation **Attn.: Operator Certification Program** 410 Willoughby Ave., Suite 303 P.O. Box 111800 Juneau, Alaska 99811-1800

Wat	ter Sy	ystem	Info	orma	tion
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Public 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 Serv	ed Daily:	
Describe the water system including source	· water, system components, a	and all chemical additions:	
entract Operator Information			
The name(s) and certification number(s) of	the contract operator(s) must	be provided in the attached	
The name(s) and certification number(s) of operations contract.	the contract operator(s) must	be provided in the attached	
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Onsite Operations Information			
Will there be personnel onsite at the system between of	contract operator visits?		
If "Yes",			
Name of onsite personnel:			
List any "drinking water" courses/training comple	ted by the onsite personnel:		
Describe the responsibilities of the onsite personr	nel in routine situations.		
Describe the responsibilities of the onsite personr	nel in emergency situations.		
Operations Contract	custom and contract appropriate is required		
Submittal of the operations contract between the water: The essential elements required in the operations contra			
- Contract operator's name and certification number	- Date contract begins and ends		
- Company name, if applicable	- List of operator responsibilities		
- Water system information to include:	- List of system owner responsibilities		
- System name	- Signature of water system representative		
- System contact name	- Signature of contract operator		
System PWSID numberSystem mailing address	- Date agreement is signed		
Are you seeking approval of an agreement that has been	in place for some time?		
If "Yes", how long has this agreement been in effect?	years months		
Application Made by System Owner or Represent	ative:		
Signature	Date		
Signature Printed Name	Date		