

# Water Operator In Responsible Charge Verification Form

## FOR ADH OFFICE USE ONLY

ORC Form Rec'd Date: \_\_\_\_\_ Route & File \_\_\_\_\_  
Customer #: \_\_\_\_\_ EHS: \_\_\_\_\_  
Training ID: \_\_\_\_\_ Eng: \_\_\_\_\_  
PWS Name: \_\_\_\_\_ Eng: \_\_\_\_\_  
PWS ID #: \_\_\_\_\_ Eng: \_\_\_\_\_  
PWS ORC Requirements Met: YES \_\_\_ NO \_\_\_ Sup: \_\_\_\_\_  
OpCert Reviewer's Initials: \_\_\_\_\_ File PWS & OpCert \_\_\_\_\_

This form must be completed to verify that the below named operator has accepted the responsibility of being the "Water Operator In Responsible Charge" (ORC), as defined in the "Rules Pertaining to Water Operator Licensing", for the below named Public Water System.

Send completed Verification form to:

Mail: Water Operator Licensing Program  
Engineering Section, Slot 37  
Arkansas Department of Health  
4815 West Markham  
Little Rock, Arkansas 72205-3867

Email: adh.water.licensing@arkansas.gov

Fax: 501-661-2032

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Office Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Home Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ System Email: \_\_\_\_\_

Public Water System Operated: \_\_\_\_\_ PWS ID # \_\_\_\_\_

ORC Responsibilities for:  Treatment Only  Distribution  Entire System

Water Operator License Number for License(s) or OIT(s) held: \_\_\_\_\_ & \_\_\_\_\_

### Water Operator In Responsible Charge:

I agree to perform my duties as the system's "Water Operator In Responsible Charge" (ORC) in accordance with all Public Water System water safety, quality, and quantity standards and applicable State, Federal Laws, and Rules. I understand that failure to do so may result in administrative and/or civil penalties and the loss of my license. I certify that the information in this verification form is true, complete, and correct to the best of my knowledge. It is understood that the Water Operator Licensing Program must be notified when I cease performing this Public Water System's ORC duties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

Name Printed \_\_\_\_\_ Position Title: \_\_\_\_\_

### Water System Official:

I verify as an official of the above named Public Water System that the above named operator has been retained as the system's "Water Operator In Responsible Charge" (ORC). He/She has been given adequate authority to perform all duties necessary to keep this system in compliance with all Public Water System water safety, quality, and quantity standards and applicable State, Federal Laws, and Rules. I further understand that failure to comply may result in administrative and/or civil penalties against this water system and its owner. I certify that the information in this verification form is true, complete, and correct to the best of my knowledge. It is understood that the Engineering Section must be notified within **2 working days** of any change in the Public Water System's ORC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

Name Printed \_\_\_\_\_ Position Title: \_\_\_\_\_