



Verification to Allow a Facility Specific Operator to Act as a Backup Operator

Ohio Environmental Protection Agency
Division of Drinking and Ground Waters
Operator Certification Unit
P.O. Box 1049
Columbus, OH 43216-1049

Phone: (614) 644-2752
(866) 411-OPCT (6728)
Email: opcert@epa.ohio.gov
Website: <https://epa.ohio.gov/divisions-and-offices/drinking-and-ground-waters/certified-operators>

I. SYSTEM INFORMATION	Date: _____
Name of System: _____	Phone Number: _____
PWS ID / NPDES Permit #: _____	Facility ID # (PWS only): _____
_____	_____

II. Facility Specific (FS) Operator	
Name of FS Operator: _____	Certificate Number: _____
Name of Operator of Record: _____	Certificate Number: _____
Name of Designated Operator of Record (Print)	*Signature of ORC (Required to authorize a FS as a backup issue certificate)
_____	_____

*** As the designated operator of record for the abovementioned facility, I verify the above referenced facility specific operator has the ability and knowledge necessary to act as a backup operator for this facility. By signing this document, I acknowledge I have read and understand the responsibilities of a facility specific operator as described in Chapter 3745-7-06 of the Ohio Administrative Code. Falsification of information on this form may result in disciplinary action up to and including suspension or revocation of any certificate(s) I may hold.**

Once you have completed the form, scan a copy and email it to opcert@epa.ohio.gov