North Carolina Water Treatment Facility Operators Certification Board
1635 Mail Service Center
Raleigh, North Carolina 27699-1635
(919) 707-9040
FAX: (919) 715-2726

ORC DESIGNATION FORM

System Name: _____

PWS ID: _____ **County:** _____

Owner Name: _____

Address: _____

_____

Tele: _____ **FAX:** _____

Owner E-Mail: _____

☐ **Water is Treated** ☐ **Water is Purchased/Retreated**
A treatment ORC is required.

System is classified as: **(Check all that apply)**

Purchase	☐ **NO Treatment**			
Surface	**A** ☐	**B** ☐	**C** ☐	
Well	**A** ☐	**B** ☐	**C** ☐	**D** ☐
Distribution	**A** ☐	**B** ☐	**C** ☐	**D** ☐

# of Points _____ **# of Connections:** _____

Cross Connection ☐ **Yes** ☐ **No**

☐ **Distribution ORC** is **exempt** IF system has a treatment ORC and serves 100 or fewer connections.

☐ **Distribution ORC Required if no Treatment ORC on Staff**

Treatment ORC

Operator's Certification Level: **Certification #**

A ☐ **B** ☐ **C** ☐ **D** ☐ ☐ **Well** ☐ **Surface**

Name: _____

Address: _____

_____

Tele: Work (___) _____ Home (___) _____

Designated ORC Signature _____

Previous ORC: _____

Distribution ORC

Operator's Certification Level: **Certification #**

A ☐ **B** ☐ **C** ☐ **D** ☐ **Distribution**

Name: _____

Address: _____

_____

Tele: Work (___) _____ Home (___) _____

Designated ORC Signature _____

Previous ORC: _____

☐ **Cross Connection Control ORC** is needed if the distribution system has a need for **five or more** testable backflow prevention assemblies as required by 15A NCAC 18C .0406(b).

Cross Connection ORC

Certification # _____

Name: _____

Address: _____

_____

Tele: Work (___) _____ Home (___) _____

Designated ORC Signature _____

Previous ORC: _____

Written permission must be obtained from the Board to use the same operator as ORC for more than one type of system. The ORC must hold the proper level of certifications. If you wish an operator to be designated for more than one type of system, please attach a letter to this form and it will be submitted for the Board's review at our next quarterly Board meeting. Board meetings are held March, June, September and December.

I certify this information is accurate and complete.

Signature _____

Title: _____

Date: _____

***** Signatures are REQUIRED by owner and ORC(s). *****