



State of Alabama
Water and Wastewater
Operator for Multiple Systems

ADEM Form No. 508 11/06 m1

ADEM USE ONLY

Approved \_\_\_ Rejected \_\_\_

Reviewed By \_\_\_\_\_

Operator # \_\_\_\_\_

Fill out one form for each facility operated.

1. OPERATOR INFORMATION:

Name: Mr. ( ) Ms. ( ) Mrs. ( )
(First) (Middle) (Last) (Jr. Sr., III, etc.)

Address: (Number and Street) (Home Telephone)

(City) (State) (Zip) (Work Telephone)

Operator Number: Grade of Water Certificate: Grade of Wastewater Certificate:

2. FACILITY OPERATED (Be sure to submit one form for each facility operated):

Plant or System Name: NPDES / PWSID #

Facility Grade: Hours Worked Per Week: How often do you visit the facility?

If you are a contract operator, give the name of the company you work for:

Is a staffing log kept at the facility, as required by Division 10 regulations? (N/A for Water I and Wastewater I-C)

Do you sign in and out each time you operate the facility, as required by Division 10 regulations?

Duties and Responsibilities (include information on sampling and testing, if applicable):

(attach additional sheets if needed)

3. OPERATOR VERIFICATION:

I, the undersigned, do hereby affirm and swear, under oath, that I am the said operator; that all statements made and all information and items presented in this form are true and correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any certificate I may hold. Further, I understand that it is my responsibility to provide documentation upon request of any claims on this form and provide supplemental information to reflect any material change in circumstances that may affect my eligibility for certification.

Signature: Date:

Mail to:
Operator Certification Section
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463