REQUE PUBLIC State Form 327 IAC 8- INDIANA D	Example Control of the control of t						
by the Certit	NOTE: This form is a request for information, and must be completed in full and signed by the Certified Water Distribution System and/or Water Treatment Plant Operator to whom this form has been sent.						
Grade Level of Drinking Water Operator: (check all that apply) Denied/Reason:							
Water Distribution System Operator  DSS DSL DSM							
Water Treatment P	Plant Operator 🔲 WT1 🗌 WT2 🔲	₩ТЗ 🗆 ₩	T4 🗌 WT5 🗌 W	/T6			
	PART I: GENERAL I	NFORMATI	ON (please type	or print legil	bly)		
<b>1.</b> Name of operator	(last):		(first)			(mid	ldle)
2. Mailing address (n	umber and street):						
City:		State	:	ZIF	Code:	County:	
3. Office telephone nu ( )	umber:		4. Home telep	hone numb	er:		
5. Are you currently d	lesignated as a CORC as identified i	n 327 IAC 8	3-12-3.6?				
□Yes* □No	*Please enter all PWS in Part II of t						
6. Are you additionally	y employed in a position other than a						
Yes* No *Please enter above the name of your employer, and the number of hours/day at that job.							
7. Are you presently e	employed as a certified water works	operator at	a Public Water S	supply in and	other state?		
□Yes* □No	*Please enter all PWS in Part II of t	his request					
8. Are you currently e	employed with a water works consulti	ing firm?					
□Yes* □No	*Diagon enter above the name and	addraaa of	the water worke	oonoulting fi	-		
9. List all Indiana	*Please enter above the name and Exp:		the water works	Exp:			Exp:
Water Works License Numbers	Exp:			Exp:			Exp:
	WATER WORK	KS CLASSI	FICATIONS IN I	NDIANA			
Water Distribution and Treatment Plant Systems:         Class DSS (Distribution System Small) – (A) serves a population less than 3,301, and (B) has no components other than (1) pressure or (2) storage tanks. A nontransient noncommunity system serving a population less than 501 utilizing no treatment other than ion exchange or inline filtration is a DSS system.         Class DSM (Distribution System Medium) - (A) serves a population greater than 3,300 but less than 10,001 and has no mechanical means of movement of water other than (1) pressure tanks, (2) storage tanks, or (3) booster pumps to storage tanks; or (B) serves a population less than 3,301, and consists of at least (1) pumps, not including well pumps, before the entry point to the distribution system, or (2) booster pumps to storage tanks.         Class DSL (Distribution System Large) - (A) serves a population greater than 10,000; or (B) serves a population less than 10,001, and consists of at least (1) booster pumps in the distribution system other than booster pumps to storage tanks, or (2) nechanical devices for movement of water beyond storage.         Class WT1 (Water Treatment 1) - (A) serves a population less than 501; (B) is a community water system; (C) acquires water from one or both of the following: (1) ground water, (2) purchase; and (D) has one or both of the following: (1) ion exchange softening process for cation removal, (2) inline filtration device with no chemical treatment.         Class WT2 (Water Treatment 2) - with no population limitations, meets the requirements of clause (A) and either (B) or (C), or both as follows: (A) acquires water from one or both of the following: (1) ground water, (2) purchase; (B) utilizes chemical feed to achieve one of the following: (1) disinfection, (2) fluoride standardization, (3) water stabilization; (C) has one or both of the following							

PART II: PWS INFORMATION (please type or print legibly)			
CERTIFIED OPERATOR IN RESPONSIBLE CHARGE (CORC) WATER WORKS MONITORING REQUIREMENTS			
DSS must:	(A) be monitored daily by a dependable person or automated system; and		
	(B) meet the following conditions based on system type and size:		
	(1) community system - have a certified operator on site for a minimum of two (2) daily visits every week.		
	(2) nontransient noncommunity system - have a certified operator on site as follows:		
	(a) a minimum of one (1) daily visit every week when serving greater than 500 individuals.		
	(b) a minimum of one (1) daily visit every two (2) weeks when serving 500 or fewer individuals.		
DSM must:	(A) be monitored daily by a dependable person or automated system; and		
	(B) have a certified operator on site for a minimum of three (3) daily visits every week.		
DSL must:	(A) be monitored daily by a dependable person or automated system; and		
	(B) have a certified operator on site for a minimum of five (5) daily visits every week.		
WT1 must:	(A) be monitored daily by a dependable person or automated system; and		
	(B) have a certified operator on site for a minimum of three (3) daily visits every week.		
WT2 must:	(A) be monitored daily by a dependable person or automated system; and		
	(B) have a certified operator on site for a minimum of five (5) daily visits every week.		
WT3 must:	(A) be monitored daily by a dependable person or automated system; and		
	(B) have a certified operator on site for a minimum of five (5) daily visits every week.		
<b>WT4</b> or			
WT5 must: have a certified operator on site during water treatment plant operation unless the plant is equipped with			
an automated system approved by the commissioner.			

## Please copy and attach an additional page (Part II & III) if you need to list more than six (6) Public Water Supplies

Public Water Supply ID #	Public Water	Public Water Supply Name and Address	Visits per Week to this	Did you send a Designation Letter
(PWSID)	Supply		Public Water	to this system per
	Class		Supply	327 IAC 8-12-3.6?
				□Yes □ No
				□Yes □ No
				□Yes □ No
				□Yes □ No
				□Yes □ No
				□Yes □ No

<u>Designation Letter</u>: A letter signed and sent by you to the PWS to be under your responsible charge providing the hours per week you will work there, and listing the name and location of other systems under your charge with the hours per week spent at each.

PART III: SIGNATURE						
I, the undersigned, certify that all statements made and information contained herein are true and correct to the best of my knowledge.						
Signature of operator:	Date (mm/dd/yyyy):					
The completed request should be mailed to:	Indiana Department of Environmental Management OWQ Drinking Water Branch – Mail Code 66-34 100 North Senate Avenue Indianapolis, IN 46204-2251					