



# Illinois Environmental Protection Agency

## Notification of Responsible Operational Personnel

Please use this form to make community water supply (CWS) contact changes.

CWS Name: \_\_\_\_\_ Number : **IL** \_\_\_\_\_

### REASON FOR CHANGE (check all applicable boxes)

<input type="checkbox"/>	Change in <b>Owner and/or Official Custodian</b> Information	<input type="checkbox"/>	Change in <b>Administrative Contact</b> Information	<input type="checkbox"/>	Change of <b>Sample Collector</b> Information
<input type="checkbox"/>	Change in <b>Responsible Operator in Charge</b> Information	<input type="checkbox"/>	Updating phone, mailing address, and/ or E-Mail information only	<input type="checkbox"/>	This is a NEW CWS

**OWNER (OW)** If the CWS is **privately owned**, identify the **individual** (and contact information) exercising direct supervision over the CWS in accordance with 35 Ill. Adm. Code 603.101 (e.g., Mobile Home Park, Apartment Complex, or Private Business, etc.). This individual must sign.

If the CWS is publically owned or owned by private corporation, or regularly organized body, identify the entity exercising direct supervision over the CWS in accordance with 35 Ill. Adm. Code 603.101 (e.g., Municipality, Water District, Water Corporation, Water Cooperative, Conservancy District, Subdivision, or Association). If an entity, **only complete Entity Name, Business #, and Address** (no signature required) and then complete OFFICIAL CUSTODIAN (OC) box.

Name (Individual) <u>or</u> Entity Name (Municipality, Water District, Assoc., etc.)		Business Address
Title: <i>(if applicable)</i> _____		_____
Cell#: (____) _____	Business#: (____) _____	_____
Home#: (____) _____	Fax#: (____) _____	_____
E-Mail: _____		_____
<b>If Individual, Signature:</b> _____		Date: _____
<i>(Signature of Individual)</i>		

**OFFICIAL CUSTODIAN (OC)** If the owner is an Entity as listed above (Municipality, Water District, Water Corporation, Water Cooperative, Conservancy District, Subdivision or Association, etc.) identify a person who acts on behalf and is responsible for the supply. This person should be an elected official of a municipality, member of the board, or an officer of the organization that runs the supply (mayor, president, chairman, etc.).

Name: <i>(print)</i> _____		Business Address
Title <i>(if applicable)</i> _____		_____
Cell # (____) _____	Business#: (____) _____	_____
Home# (____) _____	Fax#: (____) _____	_____
E-Mail: _____		_____
<b>Signature:</b> _____		Date: _____
<i>(Signature of Official Custodian)</i>		

**ADMINISTRATIVE CONTACT (AC)** An owner or official custodian may designate an administrative contact to oversee daily managerial operations of the CWS. Any notice provided by the Agency to the AC shall be considered notice to the owner or official custodian. These notices may include, but are not limited to Sample Demand Letters, Public Notice Advisories, Violation Notice, Notice of Intent to Pursue Legal Action, and notices of regulatory requirements and permitting transactions.

Name: <i>(print)</i> _____		Business Address
Title: _____		_____
Cell#: (____) _____	Work#: (____) _____	_____
Home#: (____) _____	Fax#: (____) _____	_____
E-Mail: _____		_____
<b>Signature:</b> _____		Date: _____
<i>(Signature of AC)</i>		

**Signature of the Owner or Official Custodian is required before Illinois EPA will add or change an AC contact:**

I hereby duly authorize \_\_\_\_\_ (print) as my Agent, with actual authority to conduct legal transactions arising from the daily managerial operations of the CWS on my behalf.

<b>Signature:</b> _____	Date: _____
<i>(Signature of Owner or Official Custodian)</i>	



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**RESPONSIBLE OPERATOR IN CHARGE (ROINC)** Identify the certified operator(s) designated pursuant to 35 Ill. Adm. Code 603.103 in responsible charge of the CWS operations. The ROINC runs and oversees daily water treatment and distribution operations. A CWS must select only one designated ROINC for treatment and one designated ROINC for distribution. The treatment ROINC and distribution ROINC may be the same person.

**Current ROINC on File:** \_\_\_\_\_ (print name)  
 Please check box that best describes status of current ROINC on File

Current ROINC on file will no longer be employed or under contract with PWS effective \_\_\_\_\_

Current ROINC on file is still working with PWS but will no longer serving as ROINC.

**NEW ROINC 1** Please Check One:  Full Time Employee or  Contract Operator (**include copy of contract**)

Name: (print) \_\_\_\_\_ **Business Address** \_\_\_\_\_

Circle Certificate Class: A B C D \_\_\_\_\_

Circle One: Treatment & Distribution Treatment Only Distribution Only \_\_\_\_\_

Cell#: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_

Home#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of ROINC 1)

**NEW ROINC 2** Please Check One:  Full Time Employee or  Contract Operator (**include copy of contract**)

Name: (print) \_\_\_\_\_ **Business Address** \_\_\_\_\_

Circle Certificate Class: A B C D \_\_\_\_\_ Circle One: Distribution Only \_\_\_\_\_

Cell#: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_

Home#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of ROINC 2)

**Signature of Owner, Official Custodian, or Administrative Contact is required before Illinois EPA will add or change a ROINC contact(s).**

As Owner/Official Custodian or Administrative Contact, I \_\_\_\_\_ (print name), accept and assign the duties and responsibilities for the proper operation and maintenance of the public water supply facilities by the operator(s) listed above as being in responsible charge.

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of Owner/Official Custodian or Administrative Contact)

**Sample Collector/Bottle Recipient** Identify the person employed by the CWS that will collect samples and complete the paperwork associated with sampling.

Name: \_\_\_\_\_ (print) **Bottle Mailing Address** \_\_\_\_\_  
**No P.O.Box Numbers Allowed**

Cell#: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_

Home#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Sample Collector's Signature)

Completion of this form shall indicate acceptance of the duties and responsibilities for the proper operation and maintenance of the public water supply facilities by both the owner or official custodian and the certified operators designated as being in responsible charge pursuant to 35 Ill. Adm. Code 603.101(d). Please be advised that it is the responsibility of the owner, official custodian and the certified operator(s) in responsible charge to notify this office within 15 days of any changes in responsible personnel. Completion and submittal of this form will satisfy the notification of responsible personnel requirements of Title 35: Environmental Protection, Subtitle F: Public Water Supplies, Chapter I: Pollution Control Board, Part 603, Sections 603.101, 603.102, and 603.103.

**Be sure to retain copies of this document for your files.** Should you need additional forms, please call (217)785-0561 or download at <http://www.epa.state.il.us/water/operator-cert/drinking-water/forms/notification-of-ownership.pdf>. Return this completed form to:

**Illinois Environmental Protection Agency, Bureau of Water #19, 1021 North Grand Ave East, P.O. Box 19276, Springfield, IL 62794-9276**

This Agency is authorized to require this information under 415 ILCS 5/4(b)(2012). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$1,000.00. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))