

ORC DESIGNATION FORM

System Name: _____ PWS ID: _____ County: _____ Owner Name: _____ Address: _____ _____ Tele: _____ FAX: _____ Owner E-Mail: _____ <input type="checkbox"/> Water is Treated <input type="checkbox"/> Water is Purchased/Retreated A treatment ORC is required.	System is classified as: (Check all that apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Purchase</td> <td colspan="4"><input type="checkbox"/> NO Treatment</td> </tr> <tr> <td>Surface</td> <td>A <input type="checkbox"/></td> <td>B <input type="checkbox"/></td> <td>C <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Well</td> <td>A <input type="checkbox"/></td> <td>B <input type="checkbox"/></td> <td>C <input type="checkbox"/></td> <td>D <input type="checkbox"/></td> </tr> <tr> <td>Distribution</td> <td>A <input type="checkbox"/></td> <td>B <input type="checkbox"/></td> <td>C <input type="checkbox"/></td> <td>D <input type="checkbox"/></td> </tr> <tr> <td colspan="2"># of Points _____</td> <td colspan="3"># of Connections: _____</td> </tr> <tr> <td colspan="5">Cross Connection <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Distribution ORC is exempt IF system has a treatment ORC and serves 100 or fewer connections.</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Distribution ORC Required if no Treatment ORC on Staff</td> </tr> </table>	Purchase	<input type="checkbox"/> NO Treatment				Surface	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>		Well	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	Distribution	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	# of Points _____		# of Connections: _____			Cross Connection <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Distribution ORC is exempt IF system has a treatment ORC and serves 100 or fewer connections.					<input type="checkbox"/> Distribution ORC Required if no Treatment ORC on Staff				
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<input type="checkbox"/> 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		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: _____																																							
Certification # _____																																									
Name: _____																																									
Address: _____ _____																																									
Tele: Work () _____ Home () _____																																									
Designated ORC Signature _____ Previous ORC: _____																																									

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