



Water and Wastewater Operator Certification Program Operation and Maintenance Plan

This form is intended for use by water and/or wastewater systems currently utilizing the services of an Iowa Department of Natural Resources approved operator-in-charge to meet the requirements of 567 IAC 81 and Chapter 455B, Code of Iowa. The information on this form should describe the operation and maintenance responsibilities of the personnel overseeing the water and/or wastewater system. This form must be submitted when directed by the Department and updated when personnel changes occur at the water and/or wastewater system. **If this is an application for a new or change of Operator by Affidavit, please complete DNR form 542-3119.**

The certified operator-in-charge must have authority to direct local staff conducting the day-to-day operation of the facility, including direction of the work efforts of other employees. This includes completion of the operation reports, ensuring all sampling takes place as required, maintaining the plant or distribution system in good condition and operating the plant in accordance with requirements of Iowa Code Chapter 455B and the Iowa Administrative Code (IAC). Failure to provide responsible maintenance or operation of a facility could result in disciplinary action against the operator-in-charge, in accordance with 567 IAC 81.

OPERATOR-IN-CHARGE COMPLETES

Operator Name _____ Certification # _____
Address _____ Expiration Date _____
City _____ State _____ Zip _____
Phone _____ Email _____

OWNER/REPRESENTATIVE OF FACILITY COMPLETES

Facility Name _____
Address _____ County _____
City _____ State _____ Zip _____
Phone _____ Email _____

INFORMATION REGARDING FACILITY OPERATION AND MAINTENANCE (TO BE COMPLETED JOINTLY)

Water Supply PWSID # _____ Wastewater NPDES # _____

Person(s) responsible for daily on-site activities, including routine self-monitoring, system maintenance, repairs, etc.:

Name _____ Cell Phone _____ Email _____
Name _____ Cell Phone _____ Email _____
Name _____ Cell Phone _____ Email _____
Name _____ Cell Phone _____ Email _____

Please clearly describe the roles and responsibilities of those listed above:

Description of training and instruction regarding daily activities:

Person(s) responsible for collecting and submitting compliance samples to a certified laboratory:

Name _____ Cell Phone _____ Email _____

Name _____ Cell Phone _____ Email _____

Person responsible for preparing, reviewing, and submitting monthly operation reports to the Iowa DNR:

Name _____ Cell Phone _____ Email _____

Frequency of routine on-site visits by the operator-in-charge:

Description of how emergency situations will be handled and communicated to the operator-in-charge and Iowa DNR:

For water supplies only: person responsible for filing the Annual Consumer Confidence Report and issuing public notice, when necessary:

Name _____ Cell Phone _____ Email _____

For wastewater systems only: person responsible for reporting monitoring of effluent violations, upsets, or bypasses (24-hour verbal and 5-day written reports)

Name _____ Cell Phone _____ Email _____

Other comments to note:

SIGNATURE OF OPERATOR-IN-CHARGE

Type or Print Name _____ Title _____

Signature _____ Date _____

SIGNATURE OF OWNER/REPRESENTATIVE

Type or Print Name _____ Title _____

Signature _____ Date _____