Iowa Department of Natural Resources
Environmental Services Division

Water and Wastewater Operator Certification Program Affidavit

INFORMATION RELATIVE TO SHARING OPERATOR SERVICES

Per 567 IAC 81 and Chapter 455B, Code of Iowa an owner of a plant or distribution system is required by law to operate under the supervision of a certified operator-in-charge of the same grade or higher. The facility owner may satisfy that requirement for grade A, I, IL, II, or IIL by securing the services of a properly certified operator of the same grade as the plant or distribution system and jointly executing this affidavit with that certified operator. Iowa.

Completion of this affidavit makes the undersigned certified operator the operator-in-charge of the undersigned owner's facilities and directly responsible for the daily operation of the facilities. Therefore, the certified operator must have authority to direct local staff conducting the day-to-day operation of the facilities, including direction of the work efforts of other employees. This includes ensuring the completion of all required operation reports, ensuring all sampling takes place as required, maintaining the plant or distribution system in good condition, and operating the plant or distribution system in accordance with requirements of Iowa Code Chapter 455B and the Iowa Administrative Code (IAC). Failure of the local staff 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.

By completing and signing this agreement, the undersigned facility owner and undersigned certified operator-in-charge agree to the following:

- The facility owner delegates to the operator-in-charge the authority necessary to operate and maintain the facility owner's plant or distribution system in accordance with all applicable laws and rules;
- The operator by affidavit assumes direct responsible charge of the systems operation and maintenance;
- The facility owner and operator–in-charge understand the municipality, public water supply, or semi-public sewage disposal system does not have first rights to the services of the operator-in-charge;
- The Iowa DNR may assign additional requirements to the facility owner and operator-in-charge;
- The Iowa DNR must approve the agreement between the facility owner and operator-in-charge. If the Iowa DNR disapproves of the agreement, the facility owner and the certified operator must terminate their agreement;
- Operator by Affidavit is allowed only for facilities classified as Grade A, I, IL, II, or IIL.

Four (4) original notarized affidavit forms must be completed and submitted for review to the Iowa DNR Field Office in the region in which the facility resides.

DNR Field Office	Address	Phone
Field Office #1 (Manchester)	909 W Main St Ste 4, Manchester IA 52057	563-927-2640
Field Office #2 (Mason City)	2300 15th St SE, Mason City IA 50401	641-424-4073
Field Office #3 (Spencer)	1900 N Grand Ave Ste E17, Spencer IA 51301	712-262-4177
Field Office #4 (Atlantic)	1401 Sunnyside Ln, Atlantic IA 50022	712-243-1934
Field Office #5 (Des Moines)	502 E 9th St, Des Moines IA 50319	515-725-0268
Field Office #6 (Washington	1023 W Madison, Washington IA 52353	319-653-2135

CERTIFIED OPERATOR COMPLETES

Operator Name _____ Certification # _____

Address _____ Expiration Date _____

City _____ State _____ Zip _____

Phone _____ Email _____

Certificate Type	Certificate Grade					
Water Treatment	☐ A	☐ I	☐ II	☐ III	☐ IV	☐ N/A
Water Distribution	☐ A	☐ I	☐ II	☐ III	☐ IV	☐ N/A
Wastewater Treatment	☐ I	☐ II	☐ III	☐ IV	☐ N/A	
Wastewater Lagoon	☐ IL	☐ IIL	☐ N/A			

List any additional facility(ies) For which the operator has current direct responsibility. If none, please write "none" in the space provided (if more space is needed a separate sheet may be attached):

OWNER/REPRESENTATIVE OF FACILITY COMPLETES

Facility Name _____

Address _____ County _____

City _____ State _____ Zip _____

Phone _____ Email _____

Facility Information (check which apply):

Will this operator have direct responsibility?	Facility Type	Facility Grade				PWS or NPDES ID Number
☐ Yes ☐ No	Water Treatment	☐ A	☐ I	☐ II	☐ N/A	_____
☐ Yes ☐ No	Water Distribution	☐ A	☐ I	☐ II	☐ N/A	_____
☐ Yes ☐ No	Wastewater Treatment	☐ I	☐ II	☐ N/A		_____
☐ Yes ☐ No	Wastewater Lagoon	☐ IL	☐ IIL	☐ N/A		_____

ADDITIONAL 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:

AFFIDAVIT OF OPERATOR

Having been duly sworn, I state the information relative to my operator certificate in the State of Iowa, as shown above, is true; the certificate identified above has no restrictions; and all the facilities for which I currently have direct responsibility are listed above. I further state I agree to become the operator-in-charge of the facility identified above; to accept direct responsibility for the operation and maintenance of the facility identified; to operate and maintain the facility as required by the laws of the State of Iowa; and to notify the Iowa Department of Natural Resources at least thirty days before termination of this agreement.

Type or Print Name _____ Title _____

Signature _____ Date _____

This section to be completed by Notary Public

State of Iowa, County of _____

Subscribed and sworn before me this _____ day of _____ , _____

Notary Public _____ My commission expires _____

AFFIDAVIT OF OWNER/REPRESENTATIVE

Having been duly sworn, I state that I am the owner or representative of the owner of the facility identified above; I understand and agree this facility does not have first rights on the services of the operator identified in this affidavit; I agree the operator identified above shall become the operator-in-charge of the facility identified above; and I understand the owner retains responsibility for the capital expenditures necessary to assure this facility is operated properly and maintained in good repair, as required by the laws of the State of Iowa. I further state I will notify the Iowa Department of Natural Resources at least thirty days before the termination of this agreement.

Type or Print Name _____ Title _____

Signature _____ Date _____

This section to be completed by Notary Public

State of Iowa, County of _____

Subscribed and sworn before me this _____ day of _____ , _____

Notary Public _____ My commission expires _____

DNR REVIEW

For Action by the Iowa Department of Natural Resources

☐ Approve ☐ Disapprove

For the Director: _____

Title: _____ Date: _____