Animal Waste Management System Operator Designation Form

WPCSOCC NCAC 15A 8F .0201

Facility/Farm Name:					
Permit #:	Facility I	D#:C	ounty:		
Operator In Charge (OIC))				
Name: First M	iddle Last	Jr, Sr, etc.			
Cert Type / Number:		Work Phone:	()		
Signature:		_	Date:		
"I certify that I agree to my design pertaining to the responsibilities so Pollution Control System Operato	et forth in 15A NCAC 08F .02	203 and failing to do so can res	erstand and will abide by t ult in Disciplinary Action	he rules and regulations s by the Water	
Back-up Operator In Cha	arge (Back-up OIC) (C	Optional)			
Name: First	Middle Last	Jr, Sr, etc.			
Cert Type / Number:		Work Phone:	()		
Signature:					
"I certify that I agree to my design regulations pertaining to the respo Water Pollution Control System C	nsibilities set forth in 15A NC	CAC 08F .0203 and failing to obssion."			
Owner/Permittee Name: _					
Phone #: ()		Fax#: ()		
Signature:(Owner or authorized a	gent)		Date:		
Mail, fax or email the original to:	WPCSOCC, 1618 Mai	il Service Center, Raleigl enr.gov	n, NC 27699-1618 Fa	x: 919.715.2726	
Mail or fax a copy to the appropriate Regional Office:	Asheville 2090 US Hwy 70 Swannanoa 28778 Fax: 828.299.7043 Phone: 828.296.4500	Fayetteville 225 Green St Suite 714 Fayetteville 28301-5043 Fax: 910.486.0707 Phoen: 910.433.3300	Mooresville 610 E Center Ave Suite 301 Mooresville 28115 Fax: 704.663.6040 Phone: 704.663.1699	Raleigh 3800 Barrett Dr Raleigh 27609 Fax: 919.571.4718 Phone:919.791.4200	
	Washington 943 Washington Sq Mall Washington 27889 Fax: 252.946.9215 Phone: 252.946.6481	Wilmington 127 Cardinal Dr Wilmington 28405-2845 Fax: 910.350.2004 Phone: 910.796.7215	Winston-Salem 450 W. Hanes Mall Rd Winston-Salem 27105 Fax: 336.776.9797 Phone: 336.776.9800		

(Retain a copy of this form for your records)