

Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Drinking Water Program

# Public Water System Certified Operator Compliance Notice

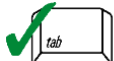
City/Town \_\_\_\_\_

PWS Name \_\_\_\_\_

PWS ID \_\_\_\_\_

## A. Certification

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Print Operator's Name \_\_\_\_\_

Operator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print System Owner's Name and Title \_\_\_\_\_

System Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

## B. System Information

PWS must complete the COCM **and** the appropriate "COD" Duty Form for the system. See Instructions.

Public Water System Name \_\_\_\_\_ PWS ID \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

System Type:  Community  Non-transient Non-community  Transient Non-community

Population in Winter \_\_\_\_\_ Population in Summer \_\_\_\_\_

Distribution Class:  I  II  III  IV  VND  VSS

Treatment:  Yes  No Treatment Class:  I  II  III  IV

If yes, please specify treatment types and purpose of treatment and chemicals used:  
\_\_\_\_\_  
\_\_\_\_\_

## C. Operator Information

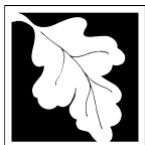
Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

License # \_\_\_\_\_ Grade \_\_\_\_\_  OIT or  Full



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\_\_\_\_\_  
City/Town

\_\_\_\_\_  
PWS Name

\_\_\_\_\_  
PWS ID

## D. Operator Information (cont'd)

Will assume responsibility as the [  primary /  secondary ] operator for  
\_\_\_\_\_ hours per day \_\_\_\_\_ days per week/month

and will be able to respond to an emergency within \_\_\_\_\_ minutes.

Please list the names and PWS ID #'s of all other systems which you currently operate. (Attach list if necessary.)

\_\_\_\_\_  
Public Water System Name PWS ID #

\_\_\_\_\_  
Public Water System Name PWS ID #

\_\_\_\_\_  
Public Water System Name PWS ID #

\_\_\_\_\_  
Public Water System Name PWS ID #

Please describe any sanctions the Board has levied on your operator's license in the past 3 years:

\_\_\_\_\_  
\_\_\_\_\_

## E. Typical Duties and Responsibilities

Please choose the "Typical Duties and Responsibilities" (COD) sheet that applies to your system. System owner and operator are to jointly complete the sheet that best describes the system. That sheet becomes part of this notice. The notice is not complete without this duties sheet attached. Duties sheets are provided separately at <https://www.mass.gov/lists/certified-operator-forms>.

Check appropriate form:  COD-1     COD-2     COD-3     COD-4  
 COD-5     COD-6     COD-7     COD-8     COD-9

## F. Other Duties

List other duties to be operator's responsibility:

\_\_\_\_\_  
\_\_\_\_\_

List other duties to be the system's responsibility:

\_\_\_\_\_  
\_\_\_\_\_



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COCM

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\_\_\_\_\_  
City/Town

\_\_\_\_\_  
PWS Name

\_\_\_\_\_  
PWS ID

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## G. For MassDEP Use Only

\_\_\_\_\_  
MassDEP Office

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved       Denied

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original gets mailed back to PWS; copy to certified operator; copy to MassDEP-Boston; and copy for MassDEP-Region.