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| **small fact sheet logo** | Massachusetts Department of Environmental Protection  Bureau of Water Resources - Drinking Water Program | Form: **STAFF-PLAN** |
| Public Water System Staffing and Comprehensive Operations Plan  310 CMR 22.11B Public Water Systems Certified Operator Staffing Requirements | |

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|  | | | Instructions | | | | | | | | | | | | | | | |
|  | | | Complete this form and, **for each treatment plant complete a *Treatment Plant Staffing* (STAFF-PLAN-TP) form**. Submit all completed forms to your MassDEP Regional Office (<https://www.mass.gov/info-details/massdep-regional-offices-by-community>). | | | | | | | | | | | | | | | |
| **\* Indicates**  **required field** | | | 1. PWS Information | | | | | | | | | | | | | | | |
| PWS ID # **\*** | | | PWS Name **\*** | | | | | | | | | | | City/Town **\*** | |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | | | PWS Distribution Class **\*** | | | | | |  | | | | | | |  | | |
| 1. Primary Distribution Operator Information | | | | | | | | | | | | | | | |
| 1. The Primary Operator must be able to respond to emergencies within one hour during those times when they are not present at the facility. 2. The Primary Operator is responsible for the operation of the system during their absence between scheduled visits. The person(s) affiliated with the Public Water System are acting under the direction of the Primary Operator. 3. The Public Water System must have the ability to detect any malfunction in the operation of the facility/system in the absence of the Primary Operator. | | | | | | | | | | | | | | | |
|  | | | **(A)** | | Primary Distribution Operator Full Name **\*** | | | | | | Position/Title **\*** | | License # & Grade **\*** | | | | | OIT/Full **\*** |
| 1. Secondary Distribution Operators Information | | | | | | | | | | | | | | | | | | |
| List the PWS’ secondary distribution operators below. **Only include the operator’s highest Distribution Grade license.** If you have more than four (4) secondary distribution operators, download as many *Staffing - Secondary Distribution Operators* (STAFF-PLAN-DIST-ATTACH) sheets as necessary from the MassDEP website at <https://mass.gov/doc/staffing-and-comprehensive-operations-plan-secondary-distribution-operators-form-id-staff-plan-dist-attach/>. | | | | | | | | | | | | | | | | | | |
| **(B)** | | Secondary Distribution Operator Full Name **\*** | | | | | | | Position/Title | | | License # & Grade | | | | | | OIT/Full |
| **(C)** | | Secondary Distribution Operator Full Name | | | | | | | Position/Title | | | License # & Grade | | | | | | OIT/Full |
| **(D)** | | Secondary Distribution Operator Full Name | | | | | | | Position/Title | | | License # & Grade | | | | | | OIT/Full |
| **(E)** | | Secondary Distribution Operator Full Name | | | | | | | Position/Title | | | License # & Grade | | | | | | OIT/Full |
|  | | Icon  Description automatically generated | | I have additional secondary operators reported on one or more STAFF-PLAN-DIST-ATTACH forms. (<https://mass.gov/doc/staffing-and-comprehensive-operations-plan-secondary-distribution-operators-form-id-staff-plan-dist-attach/>) | | | | | | | | | | | # of additional STAFF-PLAN-DIST-ATTACH forms | | | |
| 1. Treatment Plants | | | | | | | | | | | | | | | | | | |
| For each treatment plant you must complete a *Treatment Plant Staffing* (STAFF-PLAN-TP) form. The form is available on the MassDEP website at <https://mass.gov/doc/staffing-and-comprehensive-operations-plan-treatment-plant-staffing-form-id-staff-plan-tp/>. | | | | | | | | | | | | | | | | | | |
| # of Treatment Plants | | | | | | |  | | |  | | | | | | | | |
| I have completed and attached a STAFF-PLAN-TP form for each treatment plant. | | | | | | | | | | | | | | | | | | |
| 1. Certification | | | | | | | | | | | | | | | | | | |
|  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. | | | | | | | | | | | | | | | | | |
|  | Print Certifying Person’s Full Name **\*** | | | | | | | Certifying Person’s Signature **\*** | | | | | | Date **\*** | | | | |
| version: 2024-05-28 | | | | | | | | | | | | | | | | | | |