



# Certified Operator Compliance Notice

## Background & Instructions

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### Background

A Massachusetts Public Water System may contract the services of a Massachusetts Drinking Water Operator for the purpose of fulfilling its statutory obligation under *MGL Chapter 112 Section 87DDDD* and *310 CMR 22.11 B of the Massachusetts Drinking Water Regulations*. To grant this exemption, the Department of Environmental Protection (MassDEP) requires written approval of a staffing and comprehensive operations plan (310 CMR 22.11B 5(b)). This Compliance Notice (“Notice”) satisfies that requirement when it is completed, signed, and approved by all parties.

The duties and responsibilities for each category should act as a guideline for small-system owners to be used when they employ a contract operator. A comprehensive list of recommended duties and frequencies is provided to give both the operator and the system owner a better understanding not only of what is expected, but what is required to operate a system to stay in compliance with the *Massachusetts Drinking Water Regulations 310 CMR 22.00*. Operators and owners of systems should use this Notice as a guideline in determining operational requirements of the system. Although the lists of duties are comprehensive, they do not necessarily include all duties required to maintain compliance with MassDEP and Federal regulations and guidelines.

The system intends to comply with the provisions of 310 CMR 22.11B by contracting with a Massachusetts Certified Drinking Water Operator. The system must ensure that the operator holds a full-status Massachusetts Drinking Water Operators Certification equal to or greater than the class of the system. The system recognizes its obligation and assumes the responsibility of notifying MassDEP within 24 hours of any change in operators. (System has 30 days to provide documentation for procuring a new operator.)

To insure proper operation, management, and maintenance of the system, the operator agrees to perform his/her duties as specified within this Notice in accordance with *310 CMR 22.00, Massachusetts Drinking Water Regulations* and any other applicable policies and guidelines. The operator will be available on a regular and emergency basis as stated on this form. In certain cases, with MassDEP approval, the operator can supervise the system without being present on a daily basis provided that (1) between scheduled visits the operator has a person affiliated with the system acting under his/her direction, and (2) that this person can properly operate the system and detect operational malfunctions in the absence of the primary operator.

The system and operator will notify all interested parties of the existence and responsibilities of this compliance notice.

***Continued—***



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## Instructions

Public Water Systems completing the Certified Operator Compliance Notice must fully complete the following documents:

a) The Certified Operator Compliance Notice (COCM)

*and*

b) the appropriate Certified Operator Duty (COD) form for their system type:

<u>Form Name</u>	<u>PWS Type</u>	<u>Availability</u>	<u>Treatment</u>	<u>Operator Grade</u>
COD-1	Non-community	Year round	None	VSS
COD-2	Non-community	Seasonal	None	VSS
COD-3	Non-community	Seasonal	Disinfection	VSS
COD-4	Non-community	Year round	Disinfection	VSS
COD-5	Non-community	Year round	Chemical	VSS and 1T
COD-6	Non-community	Seasonal	Chemical	VSS and 1T
COD-7	Small Community	n/a	None	VSS
COD-8	Small Community	n/a	Disinfection	VSS
COD-9	Small Community	n/a	Chemical	VSS and 1T

All forms must be completely filled out and returned to the MassDEP office where the system is located (see <http://www.mass.gov/dep/about/region/findyour.htm>).

If you have any questions on certified operator requirements please contact the Drinking Water Program at 617-292-5770 or by email at [Program.Director-DWP@state.ma.us](mailto:Program.Director-DWP@state.ma.us).



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

## B. System Information

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

\_\_\_\_\_  
Public Water System Name  
\_\_\_\_\_  
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



# Public Water System Certified Operator Compliance Notice

\_\_\_\_\_  
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 <http://www.mass.gov/dep/water/approvals/dwsforms.htm#opcert>.

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:

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



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

COCM

# Public Water System Certified Operator Compliance Notice

\_\_\_\_\_  
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.