

Massachusetts Department of Environmental Protection (MassDEP)
Drinking Water Program

Certified Operator Termination Notice
Effective Termination Date

_____ Date: _____

_____ City/Town: _____
_____ PWS Name: _____
_____ PWS ID#: _____

Attention: _____,

Due to the reason(s) listed below, _____, _____, will no
Name Certified Operator License #
longer provide drinking water certified operator services to your public drinking water
system as of effective date noted above:

- Non-payment for services rendered during the period _____ to _____.
- _____.
- _____.

As a public water system in the Commonwealth of Massachusetts you are required by 310 CMR 22.11B to have your system supervised by a Massachusetts certified drinking water operator. MassDEP will take enforcement action against a public water system for failure to have a certified operator.

A copy of this notice has been sent to MassDEP.

If you have any questions about this notice please contact me as follows:

Name: _____
Address: _____
Phone #: _____ Fax #: _____
Email address: _____
Signature: _____ Date: _____

cc: MassDEP/DWP; One Winter Street; Boston, MA 02108. Attention: Certified Operator

MassDEP _____ Regional Office _____