

EW 107  
5/07

**Certified Operator Requirement  
Waiver Application**

COMPLETE AND RETURN TO:  
Office of Environmental Health Services  
Certification & Training Unit  
Capitol & Washington Streets  
1 Davis Square, Suite 200  
Charleston, West Virginia 25301-1798  
Phone 304-558-6988 Fax 304-558-4322

PWSID#: \_\_\_\_\_

PWS Name: \_\_\_\_\_ PWS Phone: \_\_\_\_\_

PWS Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PWS Primary Water Source: \_\_\_ GW \_\_\_ GWUDI \_\_\_ SW  
PWS size (population served): \_\_\_\_\_

PWS Classification Level: \_\_\_\_\_ OEHS District Office Affiliation: \_\_\_\_\_

Do OEHS District Office engineers recommend approval of this waiver request?  
\_\_\_ Yes \_\_\_ No (Attach recommendation/comments)

Chief Operator Name: \_\_\_\_\_

Chief Operator Certification Level: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Does the Chief Operator recommend approval of this waiver request? \_\_\_ Yes \_\_\_ No  
Purpose of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interim Operator Name: \_\_\_\_\_

Interim Operator Certification Level: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Interim Operator Current Experience: \_\_\_\_\_ hrs. Education: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Operator File Reviewed on \_\_\_\_\_ by \_\_\_\_\_  
C&T Unit Recommendation: \_\_\_ Approval \_\_\_ Denial.  
List Interim Operator Deficiencies for Upgrade or File Review Concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_