

**Public Water System (PWS)  
Personnel Status Report  
Due in our office by July 15  
Print or Type ALL Responses**

PWS Name: \_\_\_\_\_ PWSID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certified Operators**

**Attach Additional Pages if Needed**

Name	Certification Level & Certification Number	Home Address	Home Phone	Email (Please mark an asterik * following your address if we may contact you via email)	Hours worked per Week

**Chief Operator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Date Stamp: \_\_\_\_\_ OFFICE USE ONLY  
Date Processed: \_\_\_\_\_  
Initial: \_\_\_\_\_