

Form EW-104 (April 2024)
Fax to: (304) 558-4322 or mail to:
C&T Program
350 Capitol Street Room 313
Charleston, WV 25301

Date Received: ____/____/____

Staff Lead: _____

☐ Not a complete submission & returned

Also Send a copy to your local District Office

Personnel Status Report

*To be completed annually as of July 1st and submitted by July 15th every year.
Can also be used to document any certified operator employment status changes.*

**Print legibly and fill out completely. Incomplete applications will not be processed.
Use NA if not applicable.**

Is this a ☐ water or ☐ wastewater system?

PWSID/Permit#: _____

Public System Name: _____

Public System Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Public System Owner Name: _____ Phone: _____

Administrative Contact Name: _____

Administrative Contact Address: _____

Chief Operator Name: _____ Phone: _____

List all certified operators currently employed or contracted by the above public system:

Attach additional pages if needed.

Operator Name	Certification Number	Classification(s) Held	Start Date (mm/dd/yy)

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 64CSR04 *Public Water Systems Operators*, 64CSR05 *Wastewater Systems and Operators*.

Signature: _____ Date: _____