

**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 1<sup>st</sup> and submitted by July 15<sup>th</sup> 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: \_\_\_\_\_