

C&T Use Only
Date Received: ____/____/____
Staff Lead: _____
<input type="checkbox"/> Not a complete submission & returned

Water or Wastewater Operator Resignation Notice

TO: **C&T Program**
350 Capitol Street Room 313
Charleston, WV 25301
Phone: (304) 356-4335, Fax: (304) 558-4322
www.wvdhhr.org/oehs/eed/swap/training&certification

FROM: First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____ Certification #: WVOP _____
Date of Birth (mm/dd/yy): ____/____/____ Home Phone: _____

I am submitting this form to notify the Commissioner of my resignation with the following:

Public System Name: _____
Check if water or wastewater

PWSID#/Permit#: _____

System Owner Name: _____ Phone: _____

Check One Below:

- In accordance with 64CSR04 *Public Water Systems Operators* and/or 64CSR05 *Wastewater Systems and Operators*, I am providing at least 30 calendar days in advance of the voluntary termination of my employment at the above noted system.
- I am providing less than the 30 calendar days in advance of the voluntary termination of my employment at the above noted system. However, the system owner noted above and I agree that this is in the best interest of all involved and the system was able to plan accordingly for adequate coverage in accordance with 64CSR04 *Public Water Systems Operators* and/or 64CSR05 *Wastewater Systems and Operators*.
System Owner Signature: _____ Date: _____
- I am providing less than the 30 calendar days in advance of the voluntary termination of my employment at the above noted system.

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* and/or 64CSR05 *Wastewater Systems and Operators*.

Signature: _____ Date: _____