ANIMAL WASTE MANAGEMENT SYSTEM OPERATOR IN CHARGE DESIGNATION FORM

ANIMAL WASTE MANAGEMENT SYSTEM: Facility ID Number: _____ County: ____ ***************** OPERATOR IN CHARGE_____ Home Mailing Address_____ City_____ State____ Zip____ Certificate # Social Security #____ Work Phone_____ Home Phone_____ Signature_____ Date ***************** OWNER ______ City_____ Zip_____ Telephone#____ State_____ Signature Date_____ *************** Please Mail to: WPCSOCC **Division of Water Quality**

1618 Mail Service Center Raleigh, N.C. 27699-1618