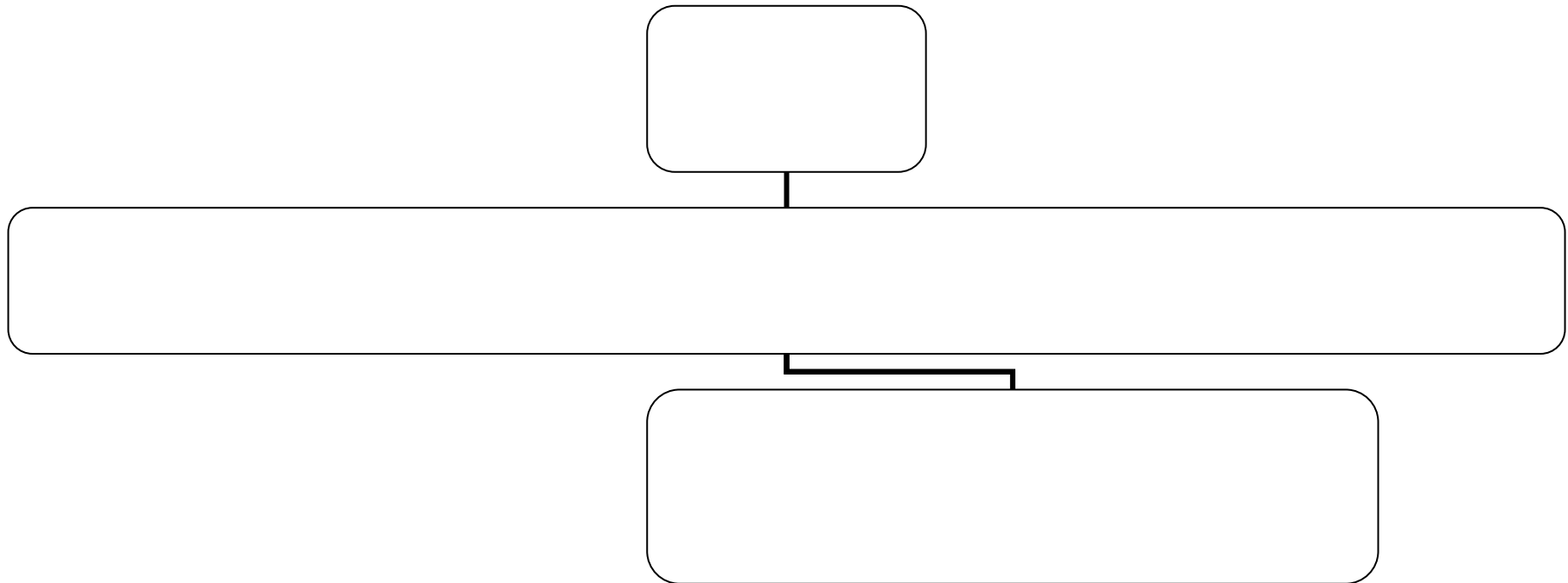


# Sample 1 - Table of Organization



**Legend:**

WT = Water Treatment

WD = Water Distribution

WWC = Wastewater Collection

WWT = Wastewater Treatment

Facility Owner: \_\_\_\_\_

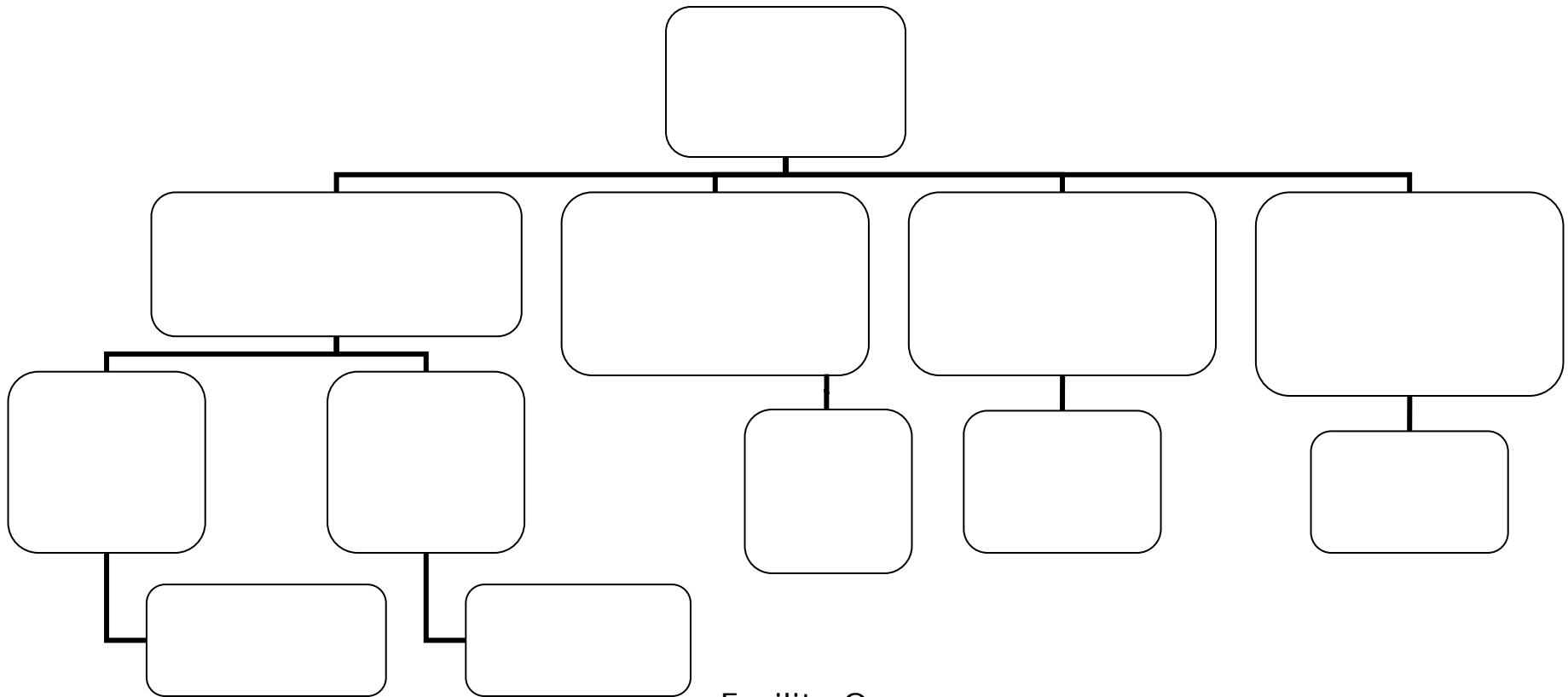
Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Date of issue: \_\_\_\_\_

# Sample 2 - Table of Organization



**Legend:**

- WT = Water Treatment
- WD = Water Distribution
- WWC = Wastewater Collection
- WWT = Wastewater Treatment

Facility Owner: \_\_\_\_\_

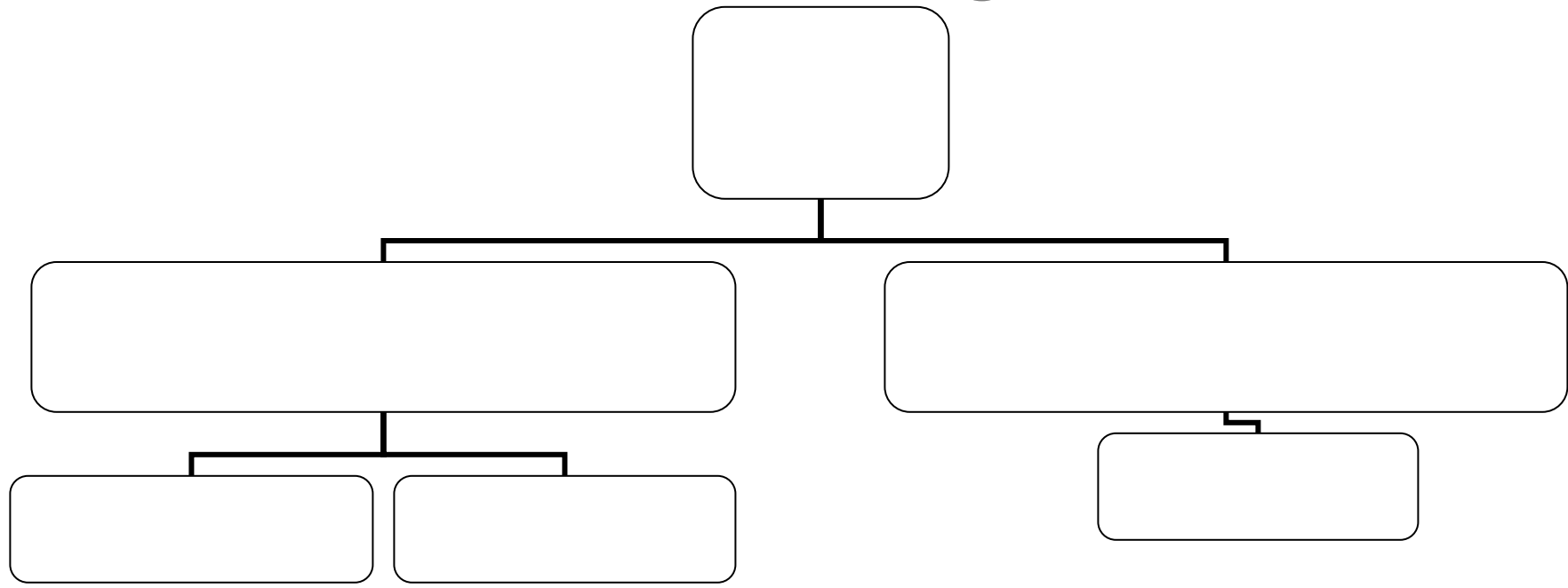
Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Date of issue: \_\_\_\_\_

# Sample 3 - Table of Organization



Legend:  
WT = Water Treatment  
WD = Water Distribution  
WWC = Wastewater Collection  
WWT = Wastewater Treatment

Facility Owner: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Date of issue: \_\_\_\_\_

# Water and Wastewater Facility Operators Certification Program – Facility Table of Organization

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Facility owners are required to submit a table of organization to the Water and Wastewater Facility Operators Certification Program.

The above tables are samples. Facility owners may complete one of the samples, or create their own table, as long as it includes the following:

1. Name of the owner, name of the facility (facilities) and contact information;
2. Hierarchy of the organization and staffing coverage to comply with Regulation 77/2003;
3. Name, position and classification of all operators in the facility (facilities); and
4. Date (and version, if applicable) of the table of organization.

## **Submit Table of Organization to:**

Water and Wastewater Facility Operators Certification Program  
123 Main Street, Suite 160  
Winnipeg MB R3C 1A5

or

Fax: (204) 945-5229

## **Contact Information:**

Certification Coordinator  
Phone: (204) 945-7065  
Toll Free: 1-800-282-8069, ext. 7065  
<http://www.manitoba.ca/certification>