



Connecticut Department of Public Health
Drinking Water Section

APPLICATION: CERTIFICATION EXAMINATION – WATER TREATMENT PLANT OPERATOR

Examination Date: _____

APPLICANT'S CONTACT INFORMATION			
Last Name	M. Initial	First Name	
Company Name (can be left blank)			
Address Line 1 (St. Address or P.O. Box #)			
Address Line 2 (Apt. #, Suite #, Box # - can be left blank)	City	ST	Zip
Email	Telephone		
Fax	Cell Phone		
Social Security Number*	Date of Birth		

APPLICANT'S STATEMENT OF CERTIFICATION:

I certify that the information that I have provided in this application is correct and I understand that any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

Applicant's Printed Name

Applicant's Signature

Date signed

EXAM CLASS REQUESTED

(Check one)

- Water Treatment Plant Class I Operator
- Water Treatment Plant Class II Operator
- Water Treatment Plant Class III Operator
- Water Treatment Plant Class IV Operator

APPLICANT'S CURRENT CT DPH CERTIFICATION STATUS

(Check all that apply)

- not currently certified
- active certification, or inactive certification
 - Water Treatment Plant Operator
 - Distribution System Operator
 - Small Water System Operator
- Backflow Preventer Tester or Tester/Inspector

RE-APPLICATION (Check if applicable)

Check the below Re-application box if you are applying for an exam that you have previously been approved to take and indicate the prior exam date:

- Re-application Prior exam date _____

DEMONSTRATE COMPLETION OF HIGH SCHOOL EDUCATION

One of the following documents must be submitted to demonstrate that the applicant has completed a high school level of education: **(Check off one of the following the documents that is included with this application)**

- a copy of your high school diploma
- high school or post-high school transcript
- letter from high school verifying graduation
- Other: _____
- high school equivalency diploma (GED)
- post-high school diploma

FOR STATE USE ONLY		
Date Stamp	Substantiated Length of Experience:	
	Substantiated Completion of High School Education:	
	Written Test Score	
	Issued Certification Number:	
	Effective Date:	
	Expiration Date:	
	Attach Envl. If PM is after 9/27/2016	Internal Check Number:

Envl. Post Mark(PM) Date: ____/____/____



Connecticut Department of Public Health
Drinking Water Section

APPLICATION: CERTIFICATION EXAMINATION – WATER TREATMENT PLANT OPERATOR

Verification of “In Class” Water Treatment Plant (WTP) Operator Work Experience

Applicants Last Name:	First:
Applicants Job Title:	
Public Water System (PWS) ID:	
Name of PWS where applicant gained operator experience:	
Name of WTP where applicant gained treatment plant work experience:	
Length/Period of applicant’s experience operating the above named PWS Distribution System:	DATES - From: To: (write in “To Present” if currently operating)
Applicant’s Employment Status (during the length of time listed above) <input type="checkbox"/> full time employee or <input type="checkbox"/> part time (hours/week)	

Check off only the activities the applicant routinely performed for the above named WTP and listed period. NOTE: CHECKING ALL BOXES ISN’T NECESSARY TO DEMONSTRATE THE REQUIRED AMOUNT OF EXPERIENCE.

<p>PUMP OPERATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operate Low & High Service Pumps <input type="checkbox"/> Exercise Plant Valves <input type="checkbox"/> Operate Standby Power Equipment <input type="checkbox"/> Operate Chemical Feed Pumps <p>PLANT MAINTENANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maintain & Repair Chemical Feed Pumps <input type="checkbox"/> Maintain & Repair Low & High Service Pumps <input type="checkbox"/> Maintain & Repair Electrical Equipment & Controls <input type="checkbox"/> Maintain & Repair Basins & Piping <input type="checkbox"/> Maintain & Repair Filters <input type="checkbox"/> Maintain & Repair Instrumentation <p>PLANT FILTERS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monitor Filter Performance <input type="checkbox"/> Adjust Filtration Rates <input type="checkbox"/> Perform & Monitor Backwash Filter(s) Cycles <input type="checkbox"/> Calibrate On-Line Instrumentation <p>CHEMICAL TREATMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Calculate Chemical Dosage <input type="checkbox"/> Prepare Chemical Solutions <input type="checkbox"/> Adjust Treatment Rate <input type="checkbox"/> Collect Routine Water Samples <input type="checkbox"/> Ordering and Inspecting Chemical Deliveries <p>Other (if necessary list other treatment plant work duties the applicant has routinely performed):</p> <p>_____</p> <p>_____</p>	<p>LABORATORY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect Drinking Water Samples <input type="checkbox"/> Perform water quality analysis (“bench tests”) <input type="checkbox"/> Perform Bacteriological Tests <input type="checkbox"/> Perform Routine Chemical/Turbidity Tests <input type="checkbox"/> Prepare Reagents & Calibration Standards <input type="checkbox"/> Calibration of Online Instrumentation <p>ADMINISTRATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Operation Reports/Data Entry <input type="checkbox"/> Respond to Customer Complaints <input type="checkbox"/> Schedule Routine Maintenance <input type="checkbox"/> Maintain Spare Parts & Chemical Inventory <input type="checkbox"/> Prepare Treatment Plant Budgets <input type="checkbox"/> Train & Manage Treatment Plant Personnel <input type="checkbox"/> Prepare & Maintain Emergency Plans <input type="checkbox"/> Evaluate PWS Compliance with Regulations and industry standards <p>WTP Unit Processes (check off the individual treatment unit processes the applicant has operated routinely)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disinfection <input type="checkbox"/> Fluoridation <input type="checkbox"/> pH adjustment <input type="checkbox"/> Coagulation <input type="checkbox"/> Flocculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Filtration <input type="checkbox"/> Softening <input type="checkbox"/> Cartridge/Particulate Removal <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Ozonation <input type="checkbox"/> Sequestering <input type="checkbox"/> Oxidation <input type="checkbox"/> Aeration <input type="checkbox"/> Backwash <input type="checkbox"/> Membrane-Reverse Osmosis <input type="checkbox"/> Activated Carbon Adsorption <input type="checkbox"/> Iron Bacteria Control <input type="checkbox"/> Treatment Residuals Wastewater Mgmt <input type="checkbox"/> Other: _____ <p>_____</p>
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CHIEF OPERATOR and/or SUPERVISOR VERIFICATION:

I verify that the applicant’s water treatment plant operator experience as described on this page is correct and understand that if I am a certified operator, any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

Printed Name Signature Title Date Phone



Connecticut Department of Public Health
Drinking Water Section

APPLICATION: CERTIFICATION EXAMINATION – WATER TREATMENT PLANT OPERATOR

**Verification of “Next Lower Class” Direct Responsible Charge
Water Treatment Plant (WTP) Operator Work Experience**

Applicants Last Name:	First:
Applicants Job Title:	
Public Water System (PWS) ID:	
Name of PWS where applicant gained operator experience:	
Name of WTP where applicant gained treatment plant work experience:	
Length/Period of applicant’s experience operating the above named PWS Distribution System:	DATES - From: To: (write in “To Present” if currently operating)
Applicant’s Employment Status (during the length of time listed above) <input type="checkbox"/> full time employee or <input type="checkbox"/> part time (hours/week)	

Check off only the activities the applicant routinely performed for the above named WTP and listed period. NOTE: CHECKING ALL BOXES ISN’T NECESSARY TO DEMONSTRATE THE REQUIRED AMOUNT OF EXPERIENCE.

<p>PUMP OPERATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operate Low & High Service Pumps <input type="checkbox"/> Exercise Plant Valves <input type="checkbox"/> Operate Standby Power Equipment <input type="checkbox"/> Operate Chemical Feed Pumps <p>PLANT MAINTENANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maintain & Repair Chemical Feed Pumps <input type="checkbox"/> Maintain & Repair Low & High Service Pumps <input type="checkbox"/> Maintain & Repair Electrical Equipment & Controls <input type="checkbox"/> Maintain & Repair Basins & Piping <input type="checkbox"/> Maintain & Repair Filters <input type="checkbox"/> Maintain & Repair Instrumentation <p>PLANT FILTERS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monitor Filter Performance <input type="checkbox"/> Adjust Filtration Rates <input type="checkbox"/> Perform & Monitor Backwash Filter(s) Cycles <input type="checkbox"/> Calibrate On-Line Instrumentation <p>CHEMICAL TREATMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Calculate Chemical Dosage <input type="checkbox"/> Prepare Chemical Solutions <input type="checkbox"/> Adjust Treatment Rate <input type="checkbox"/> Collect Routine Water Samples <input type="checkbox"/> Ordering and Inspecting Chemical Deliveries <p>Other (if necessary list other treatment plant work duties the applicant has routinely performed):</p> <p>_____</p> <p>_____</p>	<p>LABORATORY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect Drinking Water Samples <input type="checkbox"/> Perform water quality analysis (“bench tests”) <input type="checkbox"/> Perform Bacteriological Tests <input type="checkbox"/> Perform Routine Chemical/Turbidity Tests <input type="checkbox"/> Prepare Reagents & Calibration Standards <input type="checkbox"/> Calibration of Online Instrumentation <p>ADMINISTRATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Operation Reports/Data Entry <input type="checkbox"/> Respond to Customer Complaints <input type="checkbox"/> Schedule Routine Maintenance <input type="checkbox"/> Maintain Spare Parts & Chemical Inventory <input type="checkbox"/> Prepare Treatment Plant Budgets <input type="checkbox"/> Train & Manage Treatment Plant Personnel <input type="checkbox"/> Prepare & Maintain Emergency Plans <input type="checkbox"/> Evaluate PWS Compliance with Regulations and industry standards <p>WTP Unit Processes (check off the individual treatment unit processes the applicant has operated routinely)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disinfection <input type="checkbox"/> Fluoridation <input type="checkbox"/> pH adjustment <input type="checkbox"/> Coagulation <input type="checkbox"/> Flocculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Filtration <input type="checkbox"/> Softening <input type="checkbox"/> Cartridge/Particulate Removal <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Ozonation <input type="checkbox"/> Sequestering <input type="checkbox"/> Oxidation <input type="checkbox"/> Aeration <input type="checkbox"/> Backwash <input type="checkbox"/> Membrane-Reverse Osmosis <input type="checkbox"/> Activated Carbon Adsorption <input type="checkbox"/> Iron Bacteria Control <input type="checkbox"/> Treatment Residuals Wastewater Mgmt <input type="checkbox"/> Other: _____ <p>_____</p>
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CHIEF OPERATOR and/or SUPERVISOR VERIFICATION:

I verify that the applicant’s water treatment plant operator experience as described on this page is correct and that the applicant has been in direct responsible charge (i.e. active, daily responsibility) of the above named WTP for the listed period and understand that if I am a certified operator, any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

Printed Name _____ Signature _____ Title _____ Date _____ Phone _____

