



Greg Gianforte, Governor | Chris Dorrington, Director | P.O. Box 200901 | Helena, MT 59620-0901 | (406) 444-2544 | www.deq.mt.gov

WASTEWATER OPERATOR CERTIFICATION APPLICATION

Welcome to the Montana Department of Environmental Quality Water and Wastewater Operator Certification Program! The following information has been gathered in order to assist you in completing an application. Should you have any questions, please contact our office at (406) 444-4584.

Section 17.38.249, Administrative Rules of Montana (ARM), provides that: “The owner of a community or nontransient non community public water supply or wastewater treatment system shall retain a certified operator, as defined in Title 37, chapter 42, MCA, to perform monitoring and reporting in accordance with the requirements of this subchapter. The certified operator must be in responsible charge of the public water supply or wastewater treatment system.”

OPERATOR CERTIFICATION APPLICATION CHECKLIST:

- ___ 1. **Fill out the application COMPLETELY and sign and date it.** Full and detailed completion of this application is important in determining your qualifications to become a fully certified operator versus an operator-in training. Read and follow instructions provided in each section of the application. Apply to be certified for the class (1-4) and type (C-municipal; D-industrial; E-on-site) of system described on the classification chart enclosed.
- ___ 2. **Send in the application with the appropriate application and examination fees** to the address at the top of the application. NOTE: The completed application and fees must be returned to the department at least 30 days before the date of the examination. Although complete applications are usually processed within a 48 hour period, please allow up to 2 weeks for processing. Make checks payable to: **DEQ WWO**C. Application fees are \$70 for water and/or \$70 for wastewater. Examination fees are \$70 for each type of examination (water distribution, water treatment, and/or wastewater). Examination fees are due for each type of exam you take. *The application is good for one year and fees are not refundable.*
- ___ 3. **Please be aware** that the study guide materials our office provides upon receipt of applications and fees are strictly supplemental materials and other documents and training should be utilized.
- ___ 4. **All applicants for every class must pass an examination** with a grade of 70 or above. Examinations are scheduled several times throughout the year for all classifications. Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program at (406) 444-4584.

The scheduled exams for all classifications are given each year, spring, summer and fall, following Water Schools. See examination notices for specific dates or contact the certification office at (406) 444-4584. Again, the deadline for our office to receive applications for any examination is thirty (30) days before the exam date. No exam will be given unless the completed application and appropriate fees have been turned-in at least **30 days** before the date of the examination.

- ___ 5. **To be fully certified, all operators must fulfill experience requirements**, working with the system described for that class and type. Once certified, operators will be required to earn Continuing Education Credits units **every two years, on the even numbered year.**

CLASS	EXPERIENCE NEEDED	FC CEC REQUIREMENTS	OIT CEC REQUIREMENTS
Class 1	2.5 yrs	20 hours (2.0)	10 hours (1.0)
Class 2	2 yrs	10 hours (1.0)	5 hours (.50)
Class 3	1.5 yr	10 hours (1.0)	5 hours (.50)
Class 4	1 yr	10 hours (1.0)	5 hours (.50)

Report the number of months or years of experience working with water and wastewater systems on the SYSTEM GENERAL EXPERIENCE RECORD section inside the application. Report where this experience was gained on the SYSTEM DETAILED EXPERIENCE RECORD section along with any other work experience you think might be applicable.

Describe the system you presently operate where indicated at the end of the experience records.

Report post-secondary education on your application and include copies of transcripts. Post-secondary education deemed applicable may satisfy up to one-half of any experience requirement if properly reported on the application. Applicants who pass their examinations before completing experience requirements are certified as operators-in-training until such time as the requirements are met and reported by the operator to our office on the Experience Voucher supplied with the Operator-In-Training Certificate.

- ___ 6. **All applicants are requested to provide a copy of their high school diploma, G.E.D. certificate, or a competency assessment from DEQ.**

If you have any questions about the certification process or this application package, please contact a Water and Wastewater Operator Certification Technician at (406) 444-4584 or (406) 444-3434.

Montana Operator Code of Ethics:

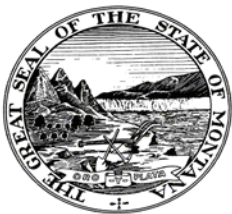
"Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

APPLICATION, FEES, AND VERIFICATION OF EDUCATION ARE DUE IN OUR OFFICE 30 DAYS BEFORE THE EXAMINATION DATE!!!!

WASTEWATER CERTIFICATION CLASSES

CLASS TYPE	- 1 - FIRST CLASS	- 2 - SECOND CLASS	- 3 - THIRD CLASS	- 4 - FOURTH CLASS
- C - WASTEWATER SYSTEM OPERATOR	Secondary and advanced (tertiary) treatment provided by: conventional activated sludge plants, biological nutrient removal plants, ammonia conversion processes, extended aeration activated sludge plants such as oxidation ditches and package plants, fixed-growth trickling filter and bio-disc plants; sequence batch reactors and/or other tertiary processes, such as effluent filtration and membrane bioreactor systems.	X	Secondary treatment provided by aerated lagoons or lagoons not utilizing artificial aeration.	X
- D - INDUSTRIAL WASTEWATER TREATMENT OPERATOR	Industrial biological or physical-chemical treatment facility treating more than 1.0 mgd and/or employing one or more of the following: air flotation, air stripping, reverse osmosis, electrochemical treatment, activated sludge, anaerobic digestion, aerobic digestion, nutrient removal systems, tertiary treatment and chemical clarification	Industrial wastewater systems including biological treatment facilities treating less than 1.0 mgd or employing one or more of the following: clarification, filtration, constructed wetlands, carbon adsorption, ion exchange, disinfection, trickling filters, bio-disc systems, sequencing batch reactors, biological sand filters, membrane filtration and advanced onsite treatment and disposal systems described under Certification Class E2 requirements.	Industrial wastewater treatment systems employing one or more of the following: oil-water separation, grinding or comminutors, land surface disposal, neutralization (pH adjustment), aerated lagoons, onsite septic tank treatment systems with pressure dosed drainfields, siphon dosed drainfields and elevated sand mounds.	Industrial wastewater treatment systems including one or more of the following: detention ponds, sedimentation ponds, stabilization ponds, lagoons without mechanical mixing or aeration, septic systems treating the discharge from drinking water treatment systems and onsite treatment utilizing standard septic tanks and gravity drainfields.

<p align="center">- E -</p> <p align="center">ON-SITE WASTEWATER SYSTEM OPERATOR</p>	<p align="center">X</p>	<p>On-site package biological wastewater treatment systems including conventional activated sludge, SBR, fixed film and extended aeration systems with discharge to groundwater. Must be a public sewage system and flow to the facility will generally be greater 5000 gpd.</p>	<p>On-site treatment systems discharging to groundwater including all Montana DEQ Level 2 systems, biological sand filters, intermittent sand filters, recirculating trickling filters and recirculating textile filters. Must be a public sewage system and flow to the facility will generally be greater 5000 gpd.</p>	<p>On-site septic tank primary treatment systems with complex or pumped sub-surface disposal. Includes pressure-dosed drainfields, siphon-dosed drainfields, elevated sand mound systems. Onsite septic tank primary treatment systems with simple sub-surface disposal by gravity drainfield. Must be a public sewage system and flow to the facility will generally be greater 5000 gpd.</p>
<p>EXPERIENCE REQUIREMENT FOR FULLY CERTIFIED OPERATORS</p>	<p>2.5 years</p>	<p>2 years</p>	<p>1.5 years</p>	<p>1 year</p>



**Montana Application for Certification as an
 OPERATOR of A MUNICIPAL, INDUSTRIAL or ON-SITE
 WASTEWATER TREATMENT SYSTEM**
 (in accordance with Sections 37-42-101 through 37-42-322. MCA).

Rev/10/2013

MAIL WITH CORRECT FEES TO:

MT DEQ/WWOC
 P.O. Box 200901
 Helena, MT 59620-0901
 Phone: (406) 444-4584

Application Fee - \$70 (Good for one year)
Exam Fees per exam:

1C - \$70	1D- \$70	-----
x	2D- \$70	2E - \$70
3C - \$70	3D- \$70	3E - \$70
x	4D- \$70	4E - \$70

Please leave blank - For office use only

Operator Status: **OPERATOR NUMBER**

Temporary _____ Date _____
 In Training _____ Date _____
 Fully Certified _____ Date _____

Application Status:

Wastewater Application pd: _____ Emp? _____ Date: _____
 Wastewater Examination pd: _____ Emp? _____ Date: _____
 Reciprocity pd: _____ Emp? _____ Date: _____
 Study Materials Sent on: _____

GENERAL INFORMATION:

Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices located in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program.

NAME: _____

Last
First
Middle
Birth Date

HOME ADDRESS: _____

Street or P.O. Box
City
State
Zip
County

Home Phone Cell Phone Business Phone Business Fax# Business E-mail Address

WASTEWATER SYSTEM EMPLOYMENT: _____

System Name
Your Supervisor's Name

Your Job Title MPDES/MGWPCS # System MAILING Address City ZIP County

MAIL INFORMATION TO: _____ Home _____ Work

VERIFICATION OF EDUCATION: (Please indicate and provide a **copy** of one)
 HIGH SCHOOL OR COLLEGE DIPLOMA or TRANSCRIPTS GED CERTIFICATE DEQ ASSESSMENT

TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:

TYPE	CLASS	(Please leave blank - For office use only - Exam #)								
C Wastewater Treatment Plant Operator.....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">--</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">--</td> </tr> </table>	1	2	3	4	[]	--	[]	--	_____ _____ _____ _____
1	2	3	4							
[]	--	[]	--							
D Industrial Wastewater Treatment Plant Operator.....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">[]</td> <td style="width: 25%; text-align: center;">[]</td> <td style="width: 25%; text-align: center;">[]</td> <td style="width: 25%; text-align: center;">[]</td> </tr> </table>	[]	[]	[]	[]	_____ _____ _____ _____				
[]	[]	[]	[]							
E On-Site Wastewater System Operator	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">--</td> <td style="width: 25%; text-align: center;">[]</td> <td style="width: 25%; text-align: center;">[]</td> <td style="width: 25%; text-align: center;">[]</td> </tr> </table>	--	[]	[]	[]	_____ _____ _____ _____				
--	[]	[]	[]							

Applications, fees, **verification of education** and examination notices **MUST** be submitted at least **30 days** before the examination.

IMPORTANT: The information provided below will be crucial in determining if you will become an operator-in-training or a fully certified operator.

SYSTEM GENERAL EXPERIENCE RECORD:

What year did you enter work in a WASTEWATER (WW) SYSTEM?		
Enter number of years WW experience in: <u>MUNICIPAL</u>	<u>INDUSTRIAL</u>	<u>ON-SITE</u>
1. Conventional/high rate activated sludge: _____	_____	_____
2. Biological nutrient removal: _____	_____	_____
3. Physical-chemical treatment: _____	_____	_____
4. Extended aeration: _____	_____	_____
5. Oxidation ditches: _____	_____	_____
6. Trickling filters: _____	_____	_____
7. Package plants: _____	_____	_____
8. Bio-discs: _____	_____	_____
9. Aerated lagoons: _____	_____	_____
10. Facultative lagoons: _____	_____	_____
11. Other: _____	_____	_____

SYSTEM DETAILED EXPERIENCE RECORD: Please list your **wastewater system** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately. If you need more space, fill out a blank sheet in the same form as that outlined below and attach it to the application.

System Name: _____ Owner Name: _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech. <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Electrician Other: _____	<u>EMPLOYMENT DATES</u> From _____ To _____ Month and Year Month and Year Total _____ employed Years and Months Hours per week _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____
System Name: _____ Owner Name: _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech. <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Electrician Other: _____	<u>EMPLOYMENT DATES</u> From _____ To _____ Month and Year Month and Year Total _____ employed Years and Months Hours per week _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____

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PLEASE DESCRIBE THE SYSTEM PRESENTLY OPERATED: *(type of system, treatment, and population served - be specific):*

EDUCATIONAL REQUIREMENT: *In order to apply to become a certified operator in Montana, an applicant must provide documentation of education. The minimum requirement is a high school diploma, GED certificate or certificate of competency through the Job Service. Please include copies with your application.*

*Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. **This education will not be considered unless the dates of completion and degrees earned are listed and a copy of transcripts is provided with this application.***

HIGH SCHOOL DIPLOMA _____
Name and Location _____ Year Graduated _____

or G.E.D CERTIFICATE _____
State Where Issued _____ Date of Issue _____

or DEQ ASSESSMENT _____
(DEQ employee's initials) _____ (Date of Approval) _____

COLLEGE OR VO-TECH _____
Name and Location _____ Major and Minor Curricula _____

_____ Degree earned _____ Date _____ Quarters or Semesters Completed _____

OTHER COLLEGE OR VO-TECH _____
Name and Location _____ Major and Minor Curricula _____

_____ Degree earned _____ Date _____ Quarters or Semesters Completed _____

EMPLOYER NOTIFICATION *(Your employer will automatically be notified if they paid your application and examination fees. If your employer **DID NOT** pay, please check one):*

_____ Please notify my present employer of the results of my examination(s).

_____ DO NOT notify my present employer of the results of my examination(s).

CERTIFICATE OF APPLICANT: *(Important - Please read carefully before signing. Unsigned and undated applications will be invalidated or returned.)*

I agree to uphold the Montana Operator Code of Ethics which reads: "Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

I swear under penalty of perjury that all information provided in this application submitted for certification is true. I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with Section 37-42-101 through 37-42-322, MCA.

SIGNATURE _____ **DATE** _____
(Applicant's signature)