

E. For the (Pre)treatment system that certification is being sought:

1. Title or current job description: _____
2. Total time spent operating this system:
 < than 6 months 6 months - 1 year 1 year - 5 years > than 5 years
3. Supervisor's name: _____ Phone () _____
4. Name and address of pretreatment coordinator (City or Ohio EPA) for facility: _____

_____ Phone () _____

F. Permits

1. Does your treatment process have an Ohio Environmental Protection Agency Permit-to-Install (PTI)? Yes / No (Circle one)
2. If yes, what is the most recent PTI Number? _____
3. Include a copy of the document of control for process wastewater discharges from this facility with this application. (Note: This document should be issued by the Ohio Environmental Protection Agency or local sanitary sewer system (city, county, or regional) and could be referred to as a wastewater discharge permit, National Pollutant Discharge Elimination System (NPDES) permit, Indirect discharge permit, administrative order, or other.)

G. Wastewater Treatment Process Flow Diagram

Attach a sketch of your treatment process flow diagram showing and labeling each piece of treatment equipment, including each tank, pump, mixer, chemical addition location, flow meter, and sensor (ie. pH, ORP, etc...). Include a specific line for each process waste stream contributing to the treatment system and give an indication of the final Outfall monitoring location. Also include flow lines for all sludge, oils, or other waste products removed from the wastewater stream. If these waste materials are dewatered, hauled off-site, or maintained for reuse please indicate accordingly. For your reference and example treatment process flow diagram is attached to this application

III. EDUCATION

A. Check the highest grade attended:

Elementary and High School: 1 2 3 4 5 6 7 8 9
 10 11 12

College: 1 2 3 4 5 6 7 8

B. High School Graduate or GED: Yes No

High School Graduates: _____
 (High School) (City)

 (State) (Year)

C. College Graduate: Yes No

If yes, list degree(s) attained and institution attended.

<u>Degree</u>	<u>College</u>	<u>Year Graduated</u>
_____	_____	_____
_____	_____	_____

IV. EXPERIENCE

A. Wastewater treatment experience:

This section is for all wastewater treatment (which may include pollution prevention and best management practices) operational experience, including the (Pre)treatment system (which may include pollution prevention and best management practices) that certification is being sought.

1. Total years operating a wastewater treatment system: _____
2. List your present employment first. Give a detailed description of your work experience operating a wastewater treatment system (municipal or industrial) and include a detailed system description for each process operated, including stating each unit process (i.e., pH adjustment, clarification, microfiltration . . .). Attach additional pages if necessary.

Dates of Operation: From _____ To _____
Name of Facility: _____
Address: _____
Phone: _____
Supervisor: _____
System Description: _____

Experience continued...

Dates of Operation: From _____ To _____
Name of Facility: _____
Address: _____
Phone: _____
Supervisor: _____
System Description: _____

Dates of Operation: From _____ To _____
Name of Facility: _____
Address: _____
Phone: _____
Supervisor: _____
System Description: _____

B. Additional Experience

Note: List other experience here for further consideration by the board. This experience may also include (1) preparation of operation and maintenance manuals, (2) time spent performing start-up or troubleshooting of the facility, (3) technical assistance or (4) other pertinent experience. (Attach additional types pages if necessary.)

V. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted. I also consent to a thorough investigation of my employment record and other qualifications in related activities for the purpose of verification of my qualifications for the certificate for which I have applied.

(Signature of Applicant)

DATE: _____

(Signature of Notary)

DATE: _____

Submit this completed application along with (1) a check for the application fee of \$95, made payable to the “Ohio Water Environment Association”, (2) copy of the treatment process compliance control document (discharge permit or administrative order), and (3) sketch of the treatment process flow diagram to:

Ms. Kathy Cook
2307 Regency Court
Fairborn, OH 45324

Notes:

- (1) **Application fee is non-refundable and this application must be received 90 days prior to the date of the certification test.** For questions regarding this application or the certification procedures, please contact Mr. Brian Tornes of Burgess & Niple, Inc. at (614) 459-2050.
- (2) **Minimum requirements for certification are:**
 - 6 months operating experience at the wastewater treatment facility where certification is sought.
 - High school diploma or equivalent (GED).
 - Score of 70 or higher on both parts A and B of the exam.