STATA							FOR OFF	ICE USE
APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR					Classification			
	<b>CERTIFICATION EXA</b>	MINATION						
	State Form 47289 (R10 / 6-24)						Status	
	INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT						olaldo	
1816	Pursuant to 327 IAC 5-23							
							Remarks	
	FEE MUST BE SUBMITTED A PROPERLY COMPLETED	FOR EACH CERTIN	FICATION			CATION.		
	ATION FEE IS NONREFUND		I RESULT		CATION	BEING		
1. This is an appli	cation for: (check one)		U Wast	ewater Apprer	ntice	Certified	Operator	
2. Classification requested: <i>(check one)</i> Industrial: A-SO A B C D								
2. Classification re								
		Municipal:						
	ing for Certified Operator, wo	· · · ·	ower opera	ator classificat	ion if you	u do not currently	/ meet the educatior	n and experience
	or your first choice?	YES NO						
	y Tech locations offer exams	most business day	<ol> <li>Ivy Tech</li> </ol>	n will charge a	n additic	nal fee for admi	nistering the test. Th	is is a
computerized exa	m only.							
		<b>FORMATION FO</b>			Place	o tupo or print	(logibly)	
A Name of applic	ant (last, first, middle)			FFLICANTS	r ieas	e type of print	legibiy.)	
	Miss Mrs. M	s. 🗌 Dr.						
	s (number and street)	S. DI.						
D. Maining address								
City	1	State	ZIP code		County			
Only			211 0000		Journy			
Office telephone r	number		Home tel	ephone or cel	Inumbe			
( )								
( )			E-mail address					
			Emana	duroco				
C. Date of birth (n	nonth/day/year)		D Hav	e vou ever an	plied for	wastewater cert	fication in Indiana b	efore?
			D. Have you ever applied for wastewater certification in Indiana before?					
E. Are you presen	tly a certified operator in Indi	ana?	Certification number Date of expiration (month/day/year)					month/day/year)
Yes	No							
II. EDUCA	TION AND TRAINING -	Must be comple	eted for a	ertification	applica	ants, optional	for apprentice a	oplicants.
	List be	elow all high sch	hools an	d post high	school	s attended.		
				<b>F</b> rom <b>R</b>		Те	Diploma (GED)	Date of
	Name / L	ocation of School		From (month/y		To (month/year)	or Type of	Graduation
				(montally)	cur)	(month/year)	Degree	(month/day/year)
High School Grad								
Yes No								
College Graduate								
Yes No	)						-	
Other:								
				I				
	ng for Class IV / Class D cert work experience, college trai			nust be enclos	sed. For	the consideration	on of using college e	ducation
	to have your original transcr			e box and en	close a s	elf-addressed s	tamped envelope	7
		cialized Training						
	Ope		g or olas		1		One dite on O	
Title of Specialized Training or Class Company			School Attended		tes Attended onth/day/year)	Credits or Co	ntact Hours	
		1			(		- Cai	ilou
	Copies	of credit report for	rms or pro	oof of attenda	nce mu	st be enclosed.		
<sup>1</sup> "Contact Hour"	means a fifty (50) to sixty (6	0) minute instructio	nal sessio	n, approved b	y the Co	mmissioner and	involving a qualified	d instructor or
	0) contact hours equals one						- •	

III. C	JPERAI	IONAL EXPERIENCE HIS	STORY – Must be con	npleted for certifi	cation applicants,	optional for apprentice applicants.		
means that is	s employ obtained	ment in the actual hands-o	on operation, mainter	nance, managem	nent, or supervisio	nts. "Acceptable experience" n of a wastewater treatment plant oner that your experience meets the		
Da From:	ate To:	Position Information						
mm/yy	mm/yy	Title of position	Name of facility		Class of facility	Location (City and State) of Facility		
	astewater			Type of Treatmen	t / Average Flow	NPDES Permit Number		
		Daily Job Duties ( <u>Be specific</u> ; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.)						
mm/yy	mm/yy	Title of position	Name of facility		Class of facility	Location (City and State) of Facility		
Hours Pe in Waste Treatme	water	Certified Operator in Respon	sible Charge / Facility	Type of Treatmen	t / Average Flow	NPDES Permit Number		
		supervision of a certified ope	rator.)			on operation at a WWTP under the		
mm/yy	mm/yy	Title of position	Name of facility		Class of facility	Location (City and State) of Facility		
Hours Pe in Waste Treatme	water	Certified Operator in Respon	sible Charge / Facility	Type of Treatmen	t / Average Flow	NPDES Permit Number		
		Daily Job Duties ( <u>Be specific</u> supervision of a certified ope		ge of your time is/\	was spent in hands-i	on operation at a WWTP under the		
mm/yy	mm/yy	Title of position	Name of facility		Class of facility	Location (City and State) of Facility		
Hours Pe in Waste Treatme	water	Certified Operator in Respon	sible Charge / Facility	Type of Treatmen	it / Average Flow	NPDES Permit Number		
		Daily Job Duties ( <u>Be specific</u> supervision of a certified ope		ge of your time is/v	was spent in hands-i	on operation at a WWTP under the		

		Must be completed by	IV. RESPONSIBL			or other classes.		
or sys plant r regula	tem integ necessar itory requ	rity decisions about the over y to meet the performance	erall daily operation, r requirement and limit , or D plants, the indi	maintenance, mai s of the assigned vidual supervising	nagement, or sup permit and any a and responsible	operator who makes process control ervision of a wastewater treatment pplicable local ordinance or other for a major section of the plant or an ached, as necessary.		
	ate	Position Information						
From: mm/yy	To: mm/vv	Title of position	Name of facility		Class of facility	Location (City and State) of Facility		
			,		,			
Hours P in Waste Treatme	water		Type of Treatment	: / Average Flow	NPDES Permit Number			
		Daily Job Duties ( <u>Be specific</u> ; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.)						
mm/yy	mm/yy	Title of position	Name of facility		Class of facility	Location (City and State) of Facility		
Hours P in Waste Treatme		Certified Operator in Respon	sible Charge / Facility	Type of Treatment	: / Average Flow	NPDES Permit Number		
		supervision of a certified ope				on operation at a WWTP under the		
mm/yy	mm/yy	Title of position	Name of facility		Class of facility	Location (City and State) of Facility		
Hours P in Waste Treatme	ewater	Certified Operator in Respon	sible Charge / Facility	Type of Treatment	: / Average Flow	NPDES Permit Number		
		Daily Job Duties ( <u>Be specific</u> supervision of a certified ope		ge of your time is/w	vas spent in hands-	on operation at a WWTP under the		
mm/yy	mm/yy	Title of position	Name of facility		Class of facility	Location (City and State) of Facility		
Hours Per Week in Wastewater Treatment		Certified Operator in Responsible Charge / Facility Type of Treatmen			/ Average Flow	NPDES Permit Number		
		Daily Job Duties ( <u>Be specific</u> supervision of a certified ope		ge of your time is/w	vas spent in hands-	on operation at a WWTP under the		

specified by IC 13-30-10, that the
t to IDEM's verification of qualifications in ineligibility for the certification
Date (month/day/ year)
cants, optional for apprentice.)
specified by IC 13-30-10, that the , and complete to the best of my
Date ( <i>month/day/year</i> )
Wastewater certificate number, if applicable