



# APPLICATION FOR PROVISIONAL WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION

State Form 51494 (R6 / 4-24)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 Pursuant to 327 IAC 5-23

| FOR OFFICE USE         |  |
|------------------------|--|
| (WWOPR) Classification |  |
| Status                 |  |
| Remarks:               |  |

**NOTE: A \$30.00 FEE MUST BE SUBMITTED WITH EACH APPLICATION FOR CERTIFICATION. APPLICATIONS MUST BE SIGNED BY THE INDIVIDUAL AND HIS/HER SUPERVISOR. FAILURE TO FILE A PROPERLY COMPLETED APPLICATION MAY RESULT IN THE APPLICATION BEING DENIED. (APPLICATION FEE IS NONREFUNDABLE.)**

This is an application for a Class: *(check one)*  
**Industrial:**  A-SO  A  B  C  D    **Municipal:**  I-SP  II  III  IV

Would you accept a lower classification if not eligible for Class checked above?  
 Yes     No

## I. GENERAL INFORMATION *(Please type or print legibly.)*

A. Name of applicant *(last, first, middle)*  
 Mr.  Miss  Mrs.  Ms.

B. Mailing Address *(number and street)*

|                                       |       |   |        |
|---------------------------------------|-------|---|--------|
| City                                  | State | ZIP code                                    | County |
| Office telephone number<br>(        ) |       | Home telephone or cell number<br>(        ) |        |
| E-mail address                        |       |   |        |

C. Date of birth *(month, day, year)*

D. Have you ever applied for wastewater certification in Indiana before?  
 Yes     No

E. Are you presently a certified operator in Indiana?  
 Yes  No

|                      |   |
|----------------------|---|
| Certification Number | Expiration Date <i>(month, day, year)</i> |
|----------------------|---|

## II. EDUCATION AND TRAINING

*List below all high schools and post high schools attended.*

|   | Name / Location of School | From <i>(Month/Year)</i> | To <i>(Month/Year)</i> | Diploma (GED) or Type of Degree and Date of Graduation <i>(month, day, year)</i> |
|---|---------------------------|--------------------------|------------------------|--|
| High Sch. Grad?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                          |                        |  |
| College Grad?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                           |                          |                        |  |
| Other:  |                           |                          |                        |  |

**If you are applying for Class IV / Class D certification, college transcripts must be enclosed. For the consideration of using college education to substitute for work experience, college transcripts must be enclosed.**

If you would like to have your original transcripts returned, please check the box and enclose a self-addressed, stamped envelope.

### Specialized Training or Classes Relevant to Certification

| Title of Specialized Training or Class | Company / School Attended | Dates Attended <i>(month, day, year)</i> | Credits or Contact Hours <sup>1</sup> earned: |
|--|---------------------------|--|---|
|  |                           |  |   |
|  |                           |  |   |
|  |                           |  |   |
|  |                           |  |   |
|  |                           |  |   |

**Copies of credit report forms or proof of attendance must be enclosed.**

<sup>1</sup> "Contact Hour" means a fifty (50) to sixty (60) minute instructional session approved by the commissioner and involving a qualified instructor or lecturer. Ten (10) contact hours equals one (1) continuing education unit (CEU).

### III. OPERATIONAL EXPERIENCE HISTORY

List your current assignment first. Show all acceptable experience in wastewater treatment plants. "Acceptable experience" means employment in the actual hands-on operation, maintenance, management, or supervision of a wastewater treatment plant that is obtained under the supervision of a certified operator and demonstrates to the commissioner that your experience meets the requirements described in the rule

| Date<br>(Month/Year)              |       | Position Information  |                                  |                   |                                       |
|-----------------------------------|-------|---|----------------------------------|-------------------|---------------------------------------|
| From:                             | To:   |   |                                  |                   |                                       |
| mm/yy                             | mm/yy | Position Title  | Name of Facility                 | Class of Facility | Location (City and State) of Facility |
| Hours Per Week<br>in WW treatment |       | Certified Operator in Responsible Charge / Facility   | Type of Treatment / Average Flow |                   | NPDES Permit Number                   |
|                                   |       | Daily Job Duties ( <i>Be specific; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.</i> ) |                                  |                   |                                       |
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### IV. RESPONSIBLE CHARGE EXPERIENCE

*(Must be completed by Class III, IV, C, and D applicants; optional for other classes.)*

List specific duties for positions of responsible charge. "Responsible charge" means the certified operator who makes process control or system integrity decisions about the overall daily operation, maintenance, management, or supervision of a wastewater treatment plant necessary to meet the performance requirement and limits of the assigned permit and any applicable local ordinance or other regulatory requirements. In Class III, IV, C, or D plants, the individual supervising and responsible for a major section of the plant or an operating shift may be credited with responsible charge experience. Additional sheets may be attached, as necessary. List specific duties for positions of responsible charge. "Responsible charge" means the person responsible for the overall daily operation, supervision, or management of a water or wastewater facility. In Class III, IV, C, or D plants, the individual supervising and responsible for a major section of the plant or an operating shift may be credited with responsible charge experience. Additional sheets may be attached, as necessary.

| Date<br>(Month/Year)  |   | Position Information |                                  |                   |                                       |
|---|---|----------------------|----------------------------------|-------------------|---------------------------------------|
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### V. SIGNATURE OF APPLICANT

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, that the statements and representations in this application are true, accurate, and complete. I consent to IDEM's verification of qualifications listed in this application and understand that any omissions or misrepresentations may result in ineligibility for the certification examination, or the reversal or modification of decisions made regarding this application.

Signature of applicant

Date (month, day, year)

### VI. SIGNATURE OF APPLICANT'S SUPERVISOR

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-15-7-1(3), that the statements and representations in Sections II, III, and IV of this application are true, accurate, and complete to the best of my knowledge and that I have supervised the applicant for \_\_ Years/months.

Signature of Supervisor

Date (month, day, year)

Printed Name of Supervisor

Title

Wastewater Certification Number, if applicable

Name of Organization

Address (number and street name, city, state, and ZIP code)

Telephone number

Email address

( )

The completed application, along with all required fees and attachments should be mailed to:

Accounts Receivable  
Indiana Department of Environmental Management  
100 North Senate Ave., Room 1340  
Indianapolis, IN 46204-2251

**Please make all checks payable to the Indiana Department of Environmental Management.  
DO NOT SEND CASH.**