



**FACILITY SPECIFIC OPERATOR (FSO)
APPLICATION FOR WATER TREATMENT PLANT AND
WATER DISTRIBUTION SYSTEM OPERATOR
CERTIFICATION**

State Form 53210 (R / 2-15)

327 IAC 8-12-3.5
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

NOTE:

A \$30 fee must be submitted for each PWS classification (DSS, WT1). Applications must be signed by the individual, and his/her supervisor. Failure to file a properly completed application may result in the application being disapproved. (THE APPLICATION FEE IS NONREFUNDABLE.)

FOR OFFICE USE
Public Water Supply ID Number:
Receipt number:
Approved:
Denied/Reason:

This PWS site has the following classifications: *(check all that apply)*

Water Distribution System	<input type="checkbox"/> DSS	Other Public Water Supply classifications (other than DSS and/or WT1) require supporting documentation that justifies this Facility Specific Operator (FSO) Certification.
Water Treatment Plant	<input type="checkbox"/> WT1	

Required schooling and tests completed? Date (mm/dd/yyyy):

PART 1: PUBLIC WATER SUPPLY INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

1. Name of Public Water Supply:

2. Contact Name at the Public Water Supply *(If different from Applicant)*:

3. Mailing address *(number and street)*:

4. City: State: ZIP code: County:

5. Office telephone number: Other telephone number:

PART 2: APPLICANT INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

1. Name of applicant *(last)* *(first)* *(middle)*
 Mr. Mrs. Ms.

2. Mailing address *(number and street)*:

3. City: State: ZIP code: County:

4. Office telephone number: 5. Home telephone number:

6. Have you ever applied for a Water Works certification in Indiana before?
 Yes* No *If yes, date (mm/dd/yyyy)

7. Are you presently a certified water works operator in Indiana? *(Operator by Test, Grandparented, or Facility Specific Operator)*
 Yes* No *If yes, give the certification number(s) and the classifications:
List any other FSO PWSID or Grandparent PWSID where you are the operator:

8. Are you presently a certified water works operator in another state?
 Yes* No *If yes, give certification number and classification *(attach a copy of the certificate)*:

9. Are you an employee of the company or member of the organization that owns this Public Water Supply?
 Yes No* *If no, please explain your relationship to this Public Water Supply.

10. Have you ever had a certification suspended or revoked?
 Yes* No *If yes, please explain.

PART 3: EDUCATION AND TRAINING

1. Check the highest grade completed.

Grade School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	High School: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	College (years): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> More than 6 years
2. High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Date of graduation (mm/dd/yyyy):	Name and location of school:
3. College Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	Major:
Date granted (mm/dd/yyyy):	Name and location of college:	

4. Training courses, AWWA short courses, or other courses attended applicable to water industry:

a. Name of course:		
Name of school:	Dates:	College units or class hours:
b. Name of course:		
Name of school:	Dates:	College units or class hours:

PART 4: EXPERIENCE HISTORY (CURRENT/PREVIOUS EMPLOYERS)

► List your current assignment first. Show all experience in the Drinking Water field. Attach additional sheets if necessary.

DATE (Month and Year)		POSITION TITLE AND JOB DUTIES	EMPLOYER NAME / ADDRESS
FROM:	TO:	Position title:	Name of current employer:
Specific duties performed in day-to-day operation:			Street address:
			City, state, ZIP code:
FROM:	TO:	Position title:	Name of previous employer:
Specific duties performed in day-to-day operation:			Street address:
			City, state, ZIP code:
FROM:	TO:	Position title:	Name of previous employer:
Specific duties performed in day-to-day operation:			Street address:
			City, state, ZIP code:

PART 5: TO BE COMPLETED BY APPLICANT'S SUPERVISOR

1. I hereby certify the information contained in this section of this application is true and correct to the best of my knowledge.

I have supervised this individual for _____ years.

2. Signature of Supervisor _____ *Please sign and date.*

3. Name of Supervisor (*last*) _____ (*first*) _____ (*middle*) _____
Mr. Mrs. Ms.

4. Mailing address (*number and street*): _____

5. City: _____ State: _____ ZIP code: _____ County: _____

6. Office telephone number: _____ 7. Home telephone number: _____

PART 6: SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in the above 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 verification of my qualifications for the certificate for which I have applied.

Signature of applicant: _____

Date (*mm/dd/yyyy*): _____

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

Cashier:

Indiana Department of Environmental Management
Drinking Water Branch – MC 66-34
100 North Senate Ave.
Indianapolis, IN 46204-2251

Please make all checks payable to the Indiana Department of Environmental Management

DO NOT SEND CASH.

327 IAC 8-12-3.5 Facility-specific operator reads in part.....

Sec.3.5. (a) Operators of nontransient noncommunity public water systems of the following facility classifications may be granted FSO certifications:

- (1) Class DSS systems.
- (2) Class WT1 systems.
- (3) Noncommunity public water systems of other facility classifications may be granted FSO certifications for their classifications if the commissioner determines that the FSO applicant will adequately perform the tasks necessary for proper operation of the system.
 - (b) Operators of community public water systems serving one hundred (100) or fewer people with the following facility classifications may be granted FSO certifications:
 - (1) Class DSS systems.
 - (2) Class WT1 systems.
 - (c) The following requirements must be met in order for a facility-specific (FSO) certification to be granted for a public water system:
 - (1) The owner of the system shall designate a person to be in responsible charge of the system.
 - (2) The designee (applicant) must be an employee or member of the public water system.
 - (3) Each applicant shall do the following:
 - (A) Demonstrate proficiency to the commissioner in accordance with section 4.5 of this rule.
 - (B) Meet the requirements of section 3(b)(1) of this rule.
 - (C) Be able to do the following:
 - (i) Maintain inventories.
 - (ii) Order supplies.
 - (iii) Interpret chemical and bacteriological sample reports.
- (4) A person may hold only one (1) FSO certification at a time unless the commissioner has determined that the FSO operator can maintain each system for which an FSO certification is requested.
 - (d) An FSO certification is valid as follows:
 - (1) Only at the site for which the FSO is granted.
 - (2) For three (3) years, during which time the operator shall fulfill the continuing education requirements for the FSO certification as listed in section 7.5 of this rule in order to be eligible for certification renewal in accordance with section 7(e)(3) of this rule.
 - (e) An FSO certification will be invalid if the classification of water treatment plant or water distribution system changes to one (1) requiring a certified operator with more extensive education or experience, such as the following:
 - (1) Increased capacity.
 - (2) An increase in population served.
 - (3) A basic change in the method of water treatment.
 - (4) Another change in conditions that causes a more difficult or complex operation.
 - (f) If a person is granted an FSO certification fails to meet the continuing education requirement of section 7.5 of this rule within the required time set forth in subsection (d)(2), then:
 - (1) the FSO certification is voided; and
 - (2) the operator must become certified according to the requirements of this rule.
 - (g) The commissioner may revoke an FSO certification due to failure to do any of the following:
 - (1) Conduct any of the following:
 - (A) Monitoring and reporting to meet the requirements of 327 IAC 8-2.
 - (B) Reporting to meet the requirements of 327 IAC 8-2.1.
 - (C) Monitoring and reporting to meet the requirements of 327 IAC 8-2.5
 - (2) Operate and maintain the system in a manner that protects human health.

This fact sheet is intended solely as guidance and does not have the effect of law or represent formal Indiana Department of Environmental Management (IDEM) decisions or final actions. This fact sheet shall be used in conjunction with applicable rules and statutes. It does not replace applicable rules and statutes, and if it conflicts with these rules and statutes, the rules and statutes shall control.