



State of Oregon Department of Environmental Quality

Instructions for the Application for Post-exam Supplemental Experience and Education –

Wastewater Operator Certification

For applicants after testing with a waiver for experience or Operator In Training

(Note: do not send these instructions with your application – keep for your records)

Incomplete applications or incorrect fees will be returned for completion

Fill in all sections. If the information requested is not applicable, write N/A.

A. Applicant Information

Enter applicant's legal name and last four digits of social security number.

B. Mailing Address and Contact Information & Current Employer

Complete all sections.

C. Application Certificate Type / Grade

Select one or two boxes, and the corresponding grade button for the exam type you passed, and you now meet the qualifications for.

D. Fee

Make check for \$50 payable to "Oregon DEQ" (for one or two certificates).

E. – F. College / University, Community College, or Trade School / Continuing Education Units

List your additional education awarded or earned after your previous application to DEQ. Attach a legible copy of each listed item. Awarded degrees and other accumulation of academic credits documented on transcripts and/or may be accepted in the fields of engineering, chemistry, water/wastewater technology, physical, biological, or applied sciences, mathematics, or operation management per OAR 340-049-0030(4). One or more years of post-high school education equals the following: 1 year = minimum of 45 quarter hours or 30 semester hours. List the semester/quarter credits and totals. Course credits outside these fields/majors may be reviewed on a course-by-course basis through attaching transcript(s) to the application.

G. Supplemental Wastewater Operator Work Experience History

All sections are required; include detailed and accurate information. Use the checkboxes to summarize your duties and experience to show you now meet the requirements. The percentage blocks per each listed job **must total 100%**. Attach additional page 2 if necessary. Provide a description statement of your wastewater operator *direct* and *related* experience. "*Direct*" operator experience = percent of the work history segment related to the certificate *type*. "*Related*" operator experience can include wastewater collections (for Treatment certificate), wastewater treatment (for Collection certificate), drinking water distribution, treatment, or lab work (for either). Describe any Industrial, Pre-treatment, septic system maintenance, water testing laboratory, or storm water management experience for consideration by DEQ. Domestic wastewater treatment system experience is direct experience for a treatment certificate; domestic wastewater collections/conveyance system experience is direct experience for a collections certificate. See the Qualifications Table, Instructions page iii. Direct and Related experience is summed for the total experience required. System Type, Classification (SWWS – Oregon DEQ Instructions for Application, Post-Exam Experience & Education, Operator Certification, October 2018

IV), Permit # etc. are REQUIRED (see the facility Permit). For Collection-only systems (no Treatment permit), contact DEQ for File #. The Designated System Supervisor is the System Supervisor on record with DEQ. *Applications that state “see attached”, or are blank in the description of duties/responsibilities will be returned to the applicant for completion.*

I. Affidavit of Most Recent Operator Work Experience

The supervisor or manager is to complete this block about the applicant’s employment and the System. Complete each block accurately; permit and file numbers are **required**.

J. Supervisor’s Statement of Applicant’s Routine Tasks and Duties and Certification of Affidavit

The applicant’s supervisor, manager, public works director, city administrator, commissioner, mayor, or the equivalent submits their own statement describing the applicant’s daily operator tasks and duties. This person who certifies the Affidavit by signing / dating in Section J shall have sufficient knowledge to submit the statement of the applicant’s routine duties and tasks in Section J. The official position or job description from the employment or records office may be attached *in addition—but not as a substitution*—for this statement from the supervisor in Section J. OIT applicants with no operator experience can leave this section blank also.

K. Applicant Signature / Date (required from all applicants)

Application Checklist

A complete application includes:

- All sections and blocks legible and complete
- Check payable to Oregon DEQ for \$50
- Supplemental education documents if needed for this certification level and Path
- Detailed work experience (include duties, System information, state permit # and file #, supervisor name / contact, etc.), page 2
- Complete Affidavit, page 3: Statement, initials, and signature / date from manager
- Signature / date from applicant on page 3, at bottom
- Proof-read your application for errors or omissions prior to mailing
- KEEP a COPY of this application for your records. Copy requests from DEQ will incur a copying fee

Incomplete forms will be returned for completion.

Application fees are non-refundable.

Questions? Contact the Certification Program at opcert@deq.state.or.us or call 503-229-5349, 503-229-5161, or 800-452-4011.

******* How To Use Qualifications Table below *******

Paths A-E: Applicants may qualify for certification through different paths of experience and education.

Education (Ed):

- HS = valid high school diploma, transcript, GED certificate, or equivalent, documentation is required.
- **Qualifying PHS Ed**= Post-High School education in years: One year of post-high school education equals 45 qualifying Continuing Education Units (CEUs) or equivalent, or 45 quarter or 30 semester hours of qualifying college or university credit. (HS + 1 = High School + 1 year of PHS Ed). Qualifying college degrees or credits must be in the **applied sciences fields (see Instructions for section E)**. Qualifying CEUs must be approved/relevant to operator job tasks and required knowledge, and may be combined with qualifying college credits.
- Credits for on-the-job training may be used to meet education or experience, but not both.

Experience (Exp in years):

- Year(s) of experience in the routine performance of operator duties, tasks, and responsibilities at a domestic wastewater collection or treatment system (may include operator intern or trainee if not also CWE). DEQ may give partial credit for experience in a related field, as allowed by rule.
- Grade I: an approved Associate of Applied Science degree in water quality / wastewater technology may substitute for 6 months experience; confirm in advance.
- Grades III and IV: a minimum amount of System Class operator experience is required.
- **Provisional** application requires all 3: current employment at a wastewater system, enrolled in DEQ-approved training, being trained and supervised by a properly certified operator (See Instructions for more details).

System Class of the classified domestic wastewater collection system:

The system classification of where you earned your experience. Page 1 of the permit contains this classification, or if no permit, the collection-only wastewater system is classified by population or number of connections. At least half of the total experience must be no more than one grade lower than the certificate grade desired.

| TREATMENT SYSTEM Operator Qualifications | | | | | | | | | | | | |
|---|-------------------------|---------|------------------------|-------------------|---------|------------------------|-------------------|---------|------------------------|-------------------|---------|------------------------|
| Certificate Level | Path A | | | Path B | | | Path C | | | Path D | | |
| | HS or Qualifying PHS Ed | Exp (y) | Treatment System Class | Qualifying PHS Ed | Exp (y) | Treatment System Class | Qualifying PHS Ed | Exp (y) | Treatment System Class | Qualifying PHS Ed | Exp (y) | Treatment System Class |
| SWWS | HS | 1 | SWWS | | | | | | | | | |
| Grade I | HS | 1 | I-IV | | | | | | | | | |
| Provisional I | HS | any | SWWS-IV | | | | | | | | | |
| Grade II | HS | 3 | I-IV | 1 | 2 | I-IV | | | | | | |
| Grade III | HS | 8 | 4y ≥ II | 1 | 5 | 2.5y ≥ II | 2 | 4 | 2y ≥ II | 3 | 3 | 1.5y ≥ II |
| Grade IV | HS+1 | 10 | 5y ≥ III | 2 | 6 | 3y ≥ III | 3 | 5 | 2.5y ≥ III | 4 | 4 | 2y ≥ III |

| COLLECTION SYSTEM Operator Qualifications | | | | | | | | | | | | | | | |
|--|--------|--------|--------------|-------------------|---------|-------------------------|-------------------|---------|-------------------------|-------------------|---------|-------------------------|-------------------|---------|-------------------------|
| Certificate Level | Path A | | | Path B | | | Path C | | | Path D | | | Path E | | |
| | Ed | Exp(y) | System Class | Qualifying PHS Ed | Exp (y) | Collection System Class | Qualifying PHS Ed | Exp (y) | Collection System Class | Qualifying PHS Ed | Exp (y) | Collection System Class | Qualifying PHS Ed | Exp (y) | Collection System Class |
| SWWS | HS | 1 | SW WS | | | | | | | | | | | | |
| Grade I | HS | 1 | I-IV | | | | | | | | | | | | |
| Provisional I | HS | any | SW WS-IV | | | | | | | | | | | | |
| Grade II | HS | 3 | I-IV | 1 | 2 | I-IV | | | | | | | | | |
| Grade III | HS | 8 | 4y ≥ II | 1 | 5 | 2.5y ≥ II | 2 | 4 | 2y ≥ II | 3 | 3 | 1.5y ≥ II | | | |
| Grade IV | HS | 10 | 5y ≥ III | 1 | 8 | 4y ≥ III | 2 | 6 | 3y ≥ III | 3 | 5 | 2.5y ≥ III | 4 | 4 | 2y ≥ III |

| | | |
|---|---|---|
| Send Application and Fee to: DEQ Business Office 700 NE Multnomah Ave, Ste 600 Portland, OR 97232-4100 OpCert info: 503-229-5349 Toll free: 1-800-452-4011 Fax: 503-229-6957 |  <p style="margin: 0;">Oregon Department of Environmental Quality</p> <p style="margin: 0;">Application for Post-Exam Supplemental Experience and Education For Wastewater System Operator Certification</p> | DEQ USE ONLY L2k Receipt #: _____ Application #: _____ Amount Received: _____ Date Received: _____ Check #: _____ |
|---|---|---|

A. APPLICANT INFORMATION

| | | |
|-------------------|--------|----------|
| Last Name: | First: | Middle : |
| Last four of SSN: | | |

B. MAILING ADDRESS AND CONTACT INFORMATION

| | |
|---|-------------------|
| Address: | City, State, Zip: |
| Work Phone: | Home Phone: |
| Is this a change of mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No | email: |
| Current Employer: | |

C. APPLICATION CERTIFICATE TYPE (Do not use this application for a *Provisional* Grade I Certificate)

Applicants for **Grades II, III, and IV** certification must meet certificate education and experience qualifications within four (4) months following the testing month. **Grade I** certificate applicants have 36 months to meet the education and experience requirements after passing the Grade I exam(s). See Instructions.

| |
|---|
| <input type="checkbox"/> Small Wastewater System (SWWS) |
| <input type="checkbox"/> Wastewater Collection (WWC): <input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IV |
| <input type="checkbox"/> Wastewater Treatment (WWT): <input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IV |

D. POST-EXAM APPLICATION FEES

| | |
|------------------------------------|--|
| \$50 (for one or two certificates) | <input type="checkbox"/> Payment Receipt Requested |
|------------------------------------|--|

E. - F. SUPPLEMENTAL EDUCATION: College / Trade school / Continuing Education

If not already sent, **attach proof of qualifying education and training** (diplomas, college transcripts, certificates, or letters of completion) showing that you now meet or exceed the minimum certification qualifications.

| School Name / Location | Course or Major | # Credits | Certificate/Degree/Year |
|------------------------|-----------------|-----------|-------------------------|
| | | | |
| | | | |
| | | | |
| CEU / Course Name | Trainer/Vendor | # CEUs | Completion Date |
| | | | |
| | | | |
| | | | |

G. WASTEWATER OPERATOR WORK EXPERIENCE HISTORY

Provide a detailed description of **domestic** wastewater operator duties and responsibilities for each segment of work history. Include **other related** duties. Operator-In-Training (OIT) Applicants: See Instructions, Section G.

Current or Most Recent Experience – Job #1 (attach copy of this page for additional prior jobs if necessary)

| | | | |
|------------------------------------|-------------------|--|--|
| Formal Job Title: | | Average hours worked per week: | |
| From: (mm/yyyy) | To: (mm/yyyy) | Percentages below must sum to 100%. | |
| WW Treatment & WW Lab: % | WW Collection % | Drinking Water (Treatment, Distribution, Lab): % | |
| WW Pretreatment or Industrial WW % | Stormwater Mgmt % | Other Misc. Duties % | |

Check all duties below that you cover:

| | |
|--|---|
| <p>WW Treatment System: Operate & Maintain = O & M</p> <input type="checkbox"/> O & M Community septic, STEG, or STEP system <input type="checkbox"/> O & M: Waste treatment lagoon / constructed wetlands <input type="checkbox"/> O & M: Trickling filter or Rotating Biological Contactor system <input type="checkbox"/> O & M: Activated sludge process <input type="checkbox"/> O & M: Membrane Bioreactor treatment system <input type="checkbox"/> O & M: Bar screen, comminutor, grit chamber <input type="checkbox"/> O & M: Aeration basins, primary & secondary clarifiers <input type="checkbox"/> O & M of dissolved air flotation (DAF) <input type="checkbox"/> O & M of primary and / or tertiary filters <input type="checkbox"/> Diagnosing / troubleshooting pumps / motors / valves / equipment <input type="checkbox"/> Preventive or corrective maintenance of plant equipment <input type="checkbox"/> Collect process control samples, interpret results <input type="checkbox"/> Make plant process control decisions based on results <input type="checkbox"/> Take plant readings (e.g. flow, power, pressure, chemical) <input type="checkbox"/> Measure influent / effluent and / or RAS & WAS parameters <input type="checkbox"/> Operate, monitor, adjust effluent disinfection e.g. chlorination, dechlorination, UV, ozone <input type="checkbox"/> O & M: sludge digester <input type="checkbox"/> O & M: sludge dewatering process <input type="checkbox"/> O & M of digester gas / re-use / co-generation <input type="checkbox"/> Adjust polymer feed rates <input type="checkbox"/> Disposal of sludge or effluent: biosolids handling, hauling, land apply, and / or effluent re-use <input type="checkbox"/> Operate, interpret, monitor SCADA system <input type="checkbox"/> Review and interpret operational records for possible problems <input type="checkbox"/> Prepare regulatory reporting documents <input type="checkbox"/> Prepare other facility reports, policies, procedures, manuals | <p>WW Collection System:</p> <input type="checkbox"/> Installation, maintenance, inspection, repair of sewer lines / systems, test for leaks <input type="checkbox"/> Excavation, trenching / shoring, safe-digging <input type="checkbox"/> Line locating, clearing, hydro-washing, hydro-vacuuming, televising, flushing <input type="checkbox"/> Use / repair equipment & tools <input type="checkbox"/> Lift / pump station inspect / test / maintain / repair <input type="checkbox"/> Diagnosing / troubleshooting motors / valves / equipment / pumps <input type="checkbox"/> Work safely in confined spaces <input type="checkbox"/> Inflow and infiltration analysis or reporting <input type="checkbox"/> Sanitary Sewer Overflow reporting <input type="checkbox"/> Interpreting blueprints, schematics, GIS tools <input type="checkbox"/> Evaluate / monitor / improve system performance <input type="checkbox"/> Prepare other system reports, records, policies, procedures, manuals, asset management |
| <p>Other Systems Management</p> <input type="checkbox"/> Industrial wastewater <input type="checkbox"/> Stormwater system <input type="checkbox"/> Drinking Water system | |

Wastewater Lab:

 Monitor wastewater, effluent, and sludge quality
 Organics testing - BOD, BOD5, COD, TOC, etc.
 Bacteria / coliform testing
 Solids sampling - TS, TSS, VSS, MLSS, etc.
 Testing for: temperature, chlorine residual, conductivity, pH, DO, volatile acids, alkalinity
 Quality assurance & control / instrument calibrations, SOP
 Other lab tests, sampling, documentation

Applicant's Description of routine duties and other duties not listed above:

| | | |
|---------------------------------------|--|-----------|
| Employer Name: | System Name: | |
| System Address: | Permit #: | |
| City: | State: | Zip Code: |
| System Type and Classification Level: | "Designated System Supervisor" (the designated supervising system operator on record with DEQ): | |
| System Supervisor Phone Number: | Email: | |

I. AFFIDAVIT OF MOST RECENT WORK EXPERIENCE (all blocks are REQUIRED)

To: State of Oregon
Department of Environmental Quality
Operator Certification Program

Applicant Last Name: _____ First: _____ Middle Initial: _____

This affidavit certifies that the above named applicant is / was gaining work the work experience below:

Assigned tasks in **operational duties of the wastewater collection and/or treatment** system are :
 full-time part-time intern volunteer N/A

Start Date: (mm/yyyy) _____ End Date: (mm/yyyy) _____ or Current

Scheduled total work hours per week: _____ Scheduled work weeks per year: _____

Wastewater System Name: _____ System Type: Collection Treatment Both

DEQ Permit #: _____ DEQ File #: _____

J. SUPERVISOR'S STATEMENT OF APPLICANT'S ROUTINE TASKS AND DUTIES AND CERTIFICATION OF AFFIDAVIT ("see attached", etc. *not* accepted):

 (Supervisor/Manager's initials here) I certify that I have reviewed and agree with the applicant's duties and experience listed for this position on page 2.

I certify that I am the DEQ designated Wastewater Supervisor, OR Authorized Representative of the system owner. *I further certify that my statement above, the information contained within this affidavit, and elsewhere in the application represents the work experience of the above named applicant.*

Signature of supervisor / representative / manager required _____ Date (mm/dd/yyyy) required _____

Authorized's Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ e-mail: _____

K. APPLICANT SIGNATURE

I certify that all information contained in this application, including any attachments, is true and correct to the best of my knowledge and belief. I understand that omissions may disqualify me and that knowingly making a false statement may result in DEQ's refusal to issue a certificate or revocation of any certification granted, as well as prosecution under ORS 448.992(2), which provides for criminal penalties of a fine, imprisonment or both. I also consent to an investigation of my employment and education record and other statements for the purpose of verification of my qualifications for certification.

Signature of Applicant, required _____ Date (mm/dd/yyyy) required _____