



# Combined Application Instructions

## For Wastewater Operator Certification:

- **Small Wastewater System**
- **Combined Collection & Treatment Grade I**
- **Combined Collection & Treatment Grade I Provisional**

(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 social security number (required unless already on file with DEQ).

### B. Mailing Address and Contact Information

Complete all sections. Your email must be an actively monitored email address and confirm email spam filters do not block emails from DEQ or from the exam contractor, AMP. Enter employer name and the wastewater system name if it is different from the employer name. Answer Y/N to the next 3 questions.

### C. Certificate Type / Grade

Select only one grade button. OIT can **also** be selected only if applying for Grade I certification. OIT is a waiver to take the Grade I exam with **less than 12 months** of operator experience under the condition that *DEQ-approved training* (see <https://www.oregon.gov/deq/wq/wqpermits/Pages/Wastewater-Operator-Certification.aspx>), is listed on page 6. See Section M requirements. OIT will require a post-exam application & fee at a later time to confirm that the experience requirement has been met in order to become Grade I certified.

**Fee:** Make checks payable to "Oregon DEQ" for the corresponding fee for that grade.

**Education and Training:** Education documents must be legible and include the applicant's name, achievement type, and award or completion date. If required, post high-school documents (CEUs or transcripts) must be attached or already credited and on file. Fill in the blocks for school data.

### D. High School / GED Requirement

A valid high school diploma, transcript, or GED is the base education requirement for all certification grades, and a legible document or copy **must** be included or on file with DEQ, even if you also have college credits.

### E. College / University, Community College, or Trade School

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.

### F. Continuing Education Units (CEUs)

**Attach only if needed toward post-HS education.** CEU awards must be legible documents that provide the applicant's typed name, number of wastewater CEUs, completion date, and instructor or

sponsor. The total CEU's must be totaled in section F by the applicant. Additional sheets of page 2 may be attached in order to list and provide a total of all CEUs. *Applicants should only submit CEUs when 45 or more have been earned, and if the application is for grades II-IV. To receive credit, CEUs must be listed in this section and the CEU certificates must be attached to the application even if they were submitted previously to DEQ.* CEU credits and academic course hours (by transcripts) can be combined to equal one year of post-high school education. List and attach courses in **chronological order**.

### **G. Wastewater Operator Work Experience History**

**All sections are required;** include detailed and accurate information. Use the checkboxes to summarize your duties. The percentage blocks per each listed job **must total 100%**. 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 – 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.* **Operator In Training (OIT) Applicants:** List relevant operator work history information. If less than the required experience for Grade I certification is documented, your application will be processed as an OIT provided that you list your *DEQ approved training* on Page 6 and attach the training requirement. Do not combine Cooperative Work Experience time earned for college credit in the AAS curriculums with regular employment experience. Co-op Work Experience cannot be double-counted toward both the degree program and the required work experience.

### **H. Reference**

List one reference with first-hand knowledge of your operator work history and/or duties.

### **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**. OIT applicants can leave this section blank if they have no operator experience yet. If additional experience documentation is needed for the grade, DEQ may require additional Affidavits from previous work history to confirm your qualifications.

### **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)**

### **L. Name of Operator-In-Training (OIT) and Provisional applicant**

Fill in the name of the OIT or provisional applicant.

**M. DEQ-Approved Training Program (OIT and Provisional applicants)**

The applicant must provide documentation of enrollment in, or completion of a DEQ- approved training program. (See the DEQ wastewater operator webpage). Qualifying courses are the California State Sacramento Volume I training course for each certificate type (collection and/or treatment), and the AAS programs at CCC or LBCC. **List** the qualifying courses/program in Table M, and **attach** the CSUS enrollment receipt(s), the CEU certificate(s), college transcripts, or other documentation that verifies this training requirement.

**N. Training Supervisor Information (Provisional applicants only)**

The certified training supervisor or system owner is to complete this block. System owner is to sign / date at the bottom of page 6.

**\*\*\*\*\* 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	H S	1	SW WS												
Grade I	H S	1	I-IV												
Provisional I	H S	any	SW WS-IV												
Grade II	H S	3	I-IV	1	2	I-IV									
Grade III	H S	8	4y ≥ II	1	5	2.5y ≥ II	2	4	2y ≥ II	3	3	1.5y ≥ II			
Grade IV	H S	10	5y ≥ III	1	8	4y ≥ III	2	6	3y ≥ III	3	5	2.5y ≥ III	4	4	2y ≥ III

## Application Checklist

A complete application includes:

- All sections and blocks legible and complete
- Correct fee, make checks payable to Oregon DEQ
- High school diploma / transcript or GED certificate attached unless already on file
- Post-HS education documents if needed for this certification level and Path (page 2)
- Detailed work experience (include duties, System information, state permit # and file #, supervisor name / contact, etc.), page 3-4...
- Complete Affidavit, page 5, verifying your qualifying work experience if applicable
- Statement, initials, and signature / date from manager on page 5
- Signature / date from applicant on page 5, at bottom
- Complete page 6 for Operator in Training or Provisional Applicants (include DEQ-Approved training documents)
- 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](mailto:opcert@deq.state.or.us) or call 503-229-5349, 503-229-5161, or 800-452-4011.

<b>Send Application and Fee to:</b> DEQ Business Office 700 NE Multnomah Ave, Ste 600 Portland, OR 97232-4100	 <b>Oregon Department of Environmental Quality          Combined Application for the          Wastewater Operator          Collection &amp; Treatment Certificates</b>	<b>DEQ USE ONLY</b> L2k Receipt #: _____ Application #: _____ Amount Received: _____ Date Received: _____ Check #: _____
--	---	---

**NOTE TO APPLICANT:** Unless otherwise stated, all information is required for the application to be processed

**A. APPLICANT INFORMATION**

Last Name:	First:	Middle:
------------	--------	---------

Social Security Number\*  
(required):

**\*Note:** SSN required per ORS 25.785 and 305.385 unless already on record with DEQ.

**B. MAILING ADDRESS AND CONTACT INFORMATION**

Address:	City:	State:	Zip Code:
Work Phone:	Home Phone:		
Is this a change of mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required):		
Employer Name:	Wastewater System Name (if different):		

Are you now, or have you ever been, certified in Oregon for wastewater system operation?  Yes  No

Have you ever had a wastewater system operator certificate or license revoked or suspended?  Yes  No

Do you require disability accommodation in testing? (If "yes", submit an accommodation form)  Yes  No

**C. CERTIFICATE APPLICATION TYPE, GRADE AND FEE** (Select only 1 row of the 3 options)

**FEES**

1) <input type="checkbox"/> Small Wastewater System (SWWS)	\$240
2) <input type="checkbox"/> Grade I Provisional <u>Combination</u> Applicant: Collection <b>and</b> Treatment <span style="float: right;">**** Also submit page 6 ****</span>	\$400
3) <input type="checkbox"/> Grade I <u>Combination</u> Applicant: Collection <b>and</b> Treatment <input type="checkbox"/> Check here if Operator-In-Training (OIT). Page 6 must be completed for OIT applications.	\$400
<input type="checkbox"/> Request for receipt of payment (optional)	\$0

**Notes for applicants:**

See Instructions for each lettered section on pages i-iv.

Checks are to be made payable to "Oregon DEQ".

Please allow at least thirty days for DEQ to process your application.

You will receive an email notification of your eligibility to schedule an exam date online.



## 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

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:**

#### **WW Treatment System: Operate & Maintain = O & M**

- O & M Community septic, STEG, or STEP system
- O & M: Waste treatment lagoon / constructed wetlands
- O & M: Trickling filter or Rotating Biological Contactor system
- O & M: Activated sludge process
- O & M: Membrane Bioreactor treatment system
- O & M: Bar screen, comminutor, grit chamber
- O & M: Aeration basins, primary & secondary clarifiers
- O & M of dissolved air flotation (DAF)
- O & M of primary and / or tertiary filters
- Diagnosing / troubleshooting pumps / motors / valves / equipment
- Preventive or corrective maintenance of plant equipment
- Collect process control samples, interpret results
- Make plant process control decisions based on results
- Take plant readings (e.g. flow, power, pressure, chemical)
- Measure influent / effluent and / or RAS & WAS parameters
- Operate, monitor, adjust effluent disinfection e.g. chlorination, dechlorination, UV, ozone
- O & M: sludge digester
- O & M: sludge dewatering process
- O & M of digester gas / re-use / co-generation
- Adjust polymer feed rates
- Disposal of sludge or effluent: biosolids handling, hauling, land apply, and / or effluent re-use
- Operate, interpret, monitor SCADA system
- Review and interpret operational records for possible problems
- Prepare regulatory reporting documents
- Prepare other facility reports, policies, procedures, manuals

#### **WW Collection System:**

- Installation, maintenance, inspection, repair of sewer lines / systems, test for leaks
- Excavation, trenching / shoring, safe-digging
- Line locating, clearing, hydro-washing, hydro-vacuuming, televising, flushing
- Use / repair equipment & tools
- Lift / pump station inspect / test / maintain / repair
- Diagnosing / troubleshooting motors / valves / equipment / pumps
- Work safely in confined spaces
- Inflow and infiltration analysis or reporting
- Sanitary Sewer Overflow reporting
- Interpreting blueprints, schematics, GIS tools
- Evaluate / monitor / improve system performance
- Prepare other system reports, records, policies, procedures, manuals, asset management

#### **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

#### **Other Systems Management**

- Industrial wastewater                       Stormwater system                       Drinking Water system

**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:		

**G. WASTEWATER OPERATOR WORK EXPERIENCE HISTORY - continued**

**Previous Work Experience Job #**            (list back in chronological order – Attach additional Previous Work Experience pages as necessary to demonstrate qualification)

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:**

- WW Treatment System: Operate & Maintain = O & M**
- O & M Community septic, STEG, or STEP system
  - O & M: Waste treatment lagoon / constructed wetlands
  - O & M: Trickling filter or Rotating Biological Contactor system
  - O & M: Activated sludge process
  - O & M: Membrane Bioreactor treatment system
  - O & M: Bar screen, comminutor, grit chamber
  - O & M: Aeration basins, primary & secondary clarifiers
  - O & M of dissolved air flotation (DAF)
  - O & M of primary and / or tertiary filters
  - Diagnosing / troubleshooting pumps / motors / valves / equipment
  - Preventive or corrective maintenance of plant equipment
  - Collect process control samples, interpret results
  - Make plant process control decisions based on results
  - Take plant readings (e.g. flow, power, pressure, chemical)
  - Measure influent / effluent and / or RAS & WAS parameters
  - Operate, monitor, adjust effluent disinfection e.g. chlorination, dechlorination, UV, ozone
  - O & M: sludge digester
  - O & M: sludge dewatering process
  - O & M of digester gas / re-use / co-generation
  - Adjust polymer feed rates
  - Disposal of sludge or effluent: biosolids handling, hauling, land apply, and / or effluent re-use
  - Operate, interpret, monitor SCADA system
  - Review and interpret operational records for possible problems
  - Prepare regulatory reporting documents
  - Prepare other facility reports, policies, procedures, manuals

- WW Collection System:**
- Installation, maintenance, inspection, repair of sewer lines / systems, test for leaks
  - Excavation, trenching / shoring, safe-digging
  - Line locating, clearing, hydro-washing, hydro-vacuuming, televising, flushing
  - Use / repair equipment & tools
  - Lift / pump station inspect / test / maintain / repair
  - Diagnosing / troubleshooting motors / valves / equipment / pumps
  - Work safely in confined spaces
  - Inflow and infiltration analysis or reporting
  - Sanitary Sewer Overflow reporting
  - Interpreting blueprints, schematics, GIS tools
  - Evaluate / monitor / improve system performance
  - Prepare other system reports, records, policies, procedures, manuals, asset management

- 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

**Other Systems Management**

- Industrial wastewater                       Stormwater system                       Drinking Water system

**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: \_\_\_\_\_

**H. REFERENCE: list one reference with first-hand knowledge of your wastewater work experience**

Name	Job Title	Phone Number

**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 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 3.

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 \_\_\_\_\_

<b>L. Applicant Last Name:</b>	<b>First:</b>	<b>Middle I:</b>
--------------------------------	---------------	------------------

**M. DEQ APPROVED TRAINING PROGRAM (for Operator-in-Training AND Provisional applicants)**  
 (See Instructions: list course(s) or curriculum)

Course Name(s) or College Program	Start Date	Completion Date

**N. PROVISIONAL OPERATOR CERTIFICATION AFFIDAVIT (for Provisional applicants only)**

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

**Training Supervisor\*: (of Provisional applicant)**

Trainer's Name:	Phone Number:
-----------------	---------------

Certified in:    Collection    Treatment

Mailing Address:	City:	State:	Zip Code:
------------------	-------	--------	-----------

<input type="checkbox"/> Wastewater Collection Grade: _____	Certificate Number:	Expiration Date:
<input type="checkbox"/> Wastewater Treatment Grade: _____	Certificate Number:	Expiration Date:

\* The training supervisor is required to be a certified wastewater system operator (in Collection/Treatment or Both) for the requested provisional training experience. (OAR 340-049-0030).

**Wastewater System Employer:**

System Type: <input type="checkbox"/> Collection <input type="checkbox"/> Treatment <input type="checkbox"/> Both	Start Date:
---	-------------

Wastewater System:	Phone Number:
--------------------	---------------

Mailing Address:	City:	State:	Zip Code:
------------------	-------	--------	-----------

**SIGNATURE OF AUTHORIZED SYSTEM REPRESENTATIVE**

I certify that this Affidavit accurately reflects the training and supervision for the above-named Provisional applicant.

_____	_____
(Print Name of System Owner or Authorized Agent)	(Title)
_____	_____
(Signature of Owner or Agent)	(Date) (mm/dd/yyyy)