



Water Bureau

Michigan Department of Environmental Quality
APPLICATION FOR LIMITED TREATMENT
CERTIFICATION

This information is required by authority of Act 399, P.A. 1976.
GENERAL INFORMATION – Provide complete information on
education and experience. Sign the application on page 1. Either
your immediate supervisor or the water system’s operator in
charge must verify your experience and sign where indicated.

FOR OFFICE USE ONLY

Table with columns: CLASS, EDUCATION, EXPERIENCE, EXAM GRADE, LAB. Includes fields for ISSUE DATE, EXPIRATION DATE, and CERTIFICATE NUMBER.

To be accepted, this application, with your original signature, must be received by DEQ-OTCU not less than 45 days prior
to the announced examination date. Faxed or electronic copies will not be accepted.

TYPE, PRINT, OR WRITE LEGIBLY

Large form with multiple rows and columns for personal information: NAME (First, Middle Initial, Last), OPERATOR ID NUMBER, STREET OR P.O. BOX MAILING ADDRESS, CITY, STATE, ZIP CODE, E-MAIL ADDRESS, HOME PHONE NUMBER, BUSINESS PHONE NUMBER, MDEQ DRINKING WATER AND/OR WASTEWATER CERTIFICATE(S) HELD, CIRCLE CERTIFICATE(S) APPLYING FOR (D-1, D-2, D-3, D-4), EMPLOYER NAME (Current), WSSN NUMBER, PHONE NUMBER.

[] CHECK HERE IF YOU ARE APPLYING FOR AN EXAM YOU WERE APPROVED FOR BUT FAILED OR DID NOT
TAKE OR ARE APPLYING TO RETAKE AN EXAM FOR A CERTIFICATION YOU PREVIOUSLY HELD. COMPLETE
AND MAIL IN PAGE 1 ONLY.

[] CHECK HERE IF YOU ARE APPLYING FOR NEW DRINKING WATER CERTIFICATION. FULLY COMPLETE AND
MAIL IN THE ENTIRE APPLICATION.

CERTIFICATION OF APPLICANT I certify that all information provided in this application is true. I understand that misstatement of facts may result in
forfeiture of all rights to certification.

Form with fields for SIGNATURE and DATE.

ALL EXAM APPLICATIONS MUST BE
MAILED TO OTCU:
OPERATOR TRAINING & CERTIFICATION UNIT
WATER BUREAU
DEPARTMENT OF ENVIRONMENTAL QUALITY
PO BOX 30273
LANSING, MI 48909-7773

STREET ADDRESS: 525 W. ALLEGAN, 3-S
LANSING, MI 48933

LOCATION I PREFER TO TAKE THE WRITTEN EXAMINATION NEAR:
[] CENTRAL MI [] EAST MI [] WEST MI
[] SOUTHEAST MI [] SOUTHWEST MI
[] NORTHERN LOWER MI [] UPPER PENINSULA

Indicate 1st, 2nd, and 3rd choice. If the site you select is full, you will be moved.

It is recommended that you make a copy of the completed application for your records. If you would like confirmation that
DEQ-Operator Training & Certification Unit received your application; please include a self addressed & stamped postcard.

PROVIDE BELOW YOUR EDUCATIONAL QUALIFICATIONS					(Office Use Only)	
NAME & LOCATION OF HIGH SCHOOL OR GED EQUIVALENT _____		CIRCLE HIGHEST GRADE COMPLETED				
		8	9	10		11
COLLEGE NAME & LOCATION _____						
DEGREE AND MAJOR: _____ YEAR GRADUATED _____						
CREDIT HOURS ACCUMULATED IF YOU DID NOT COMPLETE YOUR DEGREE _____						
CHECK IF APPLICABLE						
[] REGISTERED PROFESSIONAL ENGINEER, REGISTRATION NUMBER _____						
(This Row For Office Use Only)		OTCU DATABASE CONTINUING EDUCATION CREDIT TOTAL				
(This Row For Office Use Only)		SUBSTITUTION OF EXCESS EXPERIENCE TOWARD EDUCATION				
				TOTAL		

DIRECTIONS FOR COMPLETING PAGES 3-5 OF THIS APPLICATION

LIMITED TREATMENT SYSTEM – Provide ONLY job duties that you routinely perform while working in a drinking water LIMITED TREATMENT system. DO NOT check off or describe job duties for work activities that you have performed only once or twice or that you perform infrequently. DO NOT check off or describe work activities associated with positions or duties you have performed only in a COMPLETE TREATMENT, DISTRIBUTION SYSTEM or WASTEWATER TREATMENT system. Beginning with your current job (job position #1), work backwards listing previous LIMITED TREATMENT system positions which you believe qualify you for operation experience in a drinking water LIMITED TREATMENT system. If you held various positions with the same employer that had different duties or different levels of responsibility, list them as separate job positions. Examples of this would be promotions from general worker to foreman or from foreman to supervisor. For each POSITION, fully describe your job duties in the space provided for job positions 1 and/or 2 and/or 3. Attach additional sheets if you need more space or if you have experience in more than 3 job positions. Label them as job position 4, 5, etc. There are four drinking water LIMITED TREATMENT system operation job categories. Each job category is divided into specific job duties. Beginning on Page 3, place an “X” next to the activities that you ROUTINELY perform. Applicants performing a majority of activities within a category are credited with a full job category. Applicants ROUTINELY performing at least one, but less than a majority of activities within a category are credited with half a category. TWO OR MORE half categories equal ONE full category.

SUPERVISORS: If you DO NOT ROUTINELY perform the job duties listed, and are not a FIRST LINE SUPERVISOR directly overseeing operations in the LIMITED TREATMENT system, do not check off any boxes. Instead, fully describe your job duties in the space provided AND attach copies of both your position description and your water utility or company organizational chart.

LIMITED TREATMENT SYSTEM EXPERIENCE REQUIREMENTS

NUMBER OF FULL CATEGORIES* WORKING IN	POINTS/MONTH	HIGHEST ALLOWABLE EXAM LEVEL	LIMITED TREATMENT SYSTEM EXPERIENCE QUALIFICATIONS MUST INCLUDE:
3	1	D-1	D-1 48 Points plus: work in 3 or more categories for at least 1 year AND at least 2 years of operating experience of which 1 year is in a D-2 system or higher.
2	1	D-2	D-2 24 Points plus: work in 2 or more full categories for at least 1 year AND 1 year of operating experience in a D-3 system or higher.
1	½	D-3	D-3 12 Points plus: work in 1 or more full categories for 1 year.
1	½	D-4	D-4 6 Points

*Experience points awarded from “allied fields” or “education allowed as experience” may be counted as one additional full category. To find out the more about this, go to the OTCU website: www.michigan.gov/deqoperatortraining or call 517-241-7199.

For Job Position #1, CHECK ONE PRIMARY JOB RESPONSIBILITY: ___ADMINISTRATION/CLERICAL; ___NON-SUPERVISORY DRINKING WATER LIMITED TREATMENT SYSTEM OPERATIONS; ___ FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT; ___DEPARTMENT /UTILITY DIRECTOR; ___CITY/TOWNSHIP/UTILITY ENGINEER.

EMPLOYER NAME:	WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH & YEAR)	FROM:	TO:

ARE YOU A CONTRACT EMPLOYEE: ___YES ___NO? IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE LIMITED TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

LIMITED TREATMENT SYSTEM JOB CATEGORIES: Check off activities that you routinely physically perform in job position #1

LIMITED TREATMENT PLANT OPERATION

- ___Set Chemical Feed Rates
- ___Determine Chemical Doses
- ___Prepare Chemical Solutions
- ___Operate Treatment System Pumps
- ___Operate Chemical Pumps
- ___Operate Well Pumps

LIMITED TREATMENT PLANT MAINTENANCE

- ___Maintain Well/High Service Pumps
- ___Maintain Filters
- ___Maintain Chemical Feed Pumps
- ___Maintain Treatment System Pumps

LIMITED TREATMENT PLANT LABORATORY DUTIES

- ___Collect Routine Water Samples
- ___Perform Chemical Tests
- ___Perform Residual Tests
- ___Perform Coliform Tests
- ___QA/QC of Lab Equipment
- ___Calibration of Lab Equipment

LIMITED TREATMENT PLANT ADMINISTRATION

- ___Complete MDEQ Operation Reports
- ___Respond to Customer Complaints
- ___Schedule Routine Maintenance
- ___Maintain Spare Parts and Chemical Inventory
- ___Prepare Treatment Plant Budgets
- ___Train & Manage Personnel
- ___Prepare & Maintain Water System Emergency Plans
- ___Maintain Operational/Plant Data Records & Files
- ___Schedule Limited Treatment Workforce

During the time period worked in this job position, I spend _____ percentage of time routinely performing the above job categories and the following job duties. (Fully describe your job duties for this position, attach additional sheets if needed.)

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

___ I am this employee's IMMEDIATE SUPERVISOR; ___ I am the OPERATOR IN CHARGE at this WSSN

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER LIMITED TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS.

NAME AND TITLE _____ PHONE NUMBER _____

SIGNATURE _____ DATE _____

For Job Position #2, CHECK ONE PRIMARY JOB RESPONSIBILITY: ___ADMINISTRATION/CLERICAL; ___NON-SUPERVISORY DRINKING WATER LIMITED TREATMENT SYSTEM OPERATIONS; ___ FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT; ___DEPARTMENT /UTILITY DIRECTOR; ___ CITY/TOWNSHIP/UTILITY ENGINEER.

EMPLOYER NAME:	WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH & YEAR)	FROM:	TO:

ARE YOU A CONTRACT EMPLOYEE: ___YES ___NO? IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE LIMITED TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

LIMITED TREATMENT SYSTEM JOB CATEGORIES: Check off activities that you routinely physically perform in job position #2

LIMITED TREATMENT PLANT OPERATION

- ___ Set Chemical Feed Rates
- ___ Determine Chemical Doses
- ___ Prepare Chemical Solutions
- ___ Operate Treatment System Pumps
- ___ Operate Chemical Pumps
- ___ Operate Well Pumps

LIMITED TREATMENT PLANT MAINTENANCE

- ___ Maintain Well/High Service Pumps
- ___ Maintain Filters
- ___ Maintain Chemical Feed Pumps
- ___ Maintain Treatment System Pumps

LIMITED TREATMENT PLANT LABORATORY DUTIES

- ___ Collect Routine Water Samples
- ___ Perform Chemical Tests
- ___ Perform Residual Tests
- ___ Perform Coliform Tests
- ___ QA/QC of Lab Equipment
- ___ Calibration of Lab Equipment

LIMITED TREATMENT PLANT ADMINISTRATION

- ___ Complete MDEQ Operation Reports
- ___ Respond to Customer Complaints
- ___ Schedule Routine Maintenance
- ___ Maintain Spare Parts and Chemical Inventory
- ___ Prepare Treatment Plant Budgets
- ___ Train & Manage Personnel
- ___ Prepare & Maintain Water System Emergency Plans
- ___ Maintain Operational/Plant Data Records & Files
- ___ Schedule Limited Treatment Workforce

During the time period worked in this job position, I spend _____ percentage of time routinely performing the above job categories and the following job duties. (Fully describe your job duties for this position, attach additional sheets if needed.)

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

___ I am this employee's IMMEDIATE SUPERVISOR; ___ I am the OPERATOR IN CHARGE at this WSSN

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER LIMITED TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS.

NAME AND TITLE _____ PHONE NUMBER _____

SIGNATURE _____ DATE _____

For Job Position #3, CHECK ONE PRIMARY JOB RESPONSIBILITY: ___ADMINISTRATION/CLERICAL; ___NON-SUPERVISORY DRINKING WATER LIMITED TREATMENT SYSTEM OPERATIONS; ___FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT; ___DEPARTMENT /UTILITY DIRECTOR; ___CITY/TOWNSHIP/UTILITY ENGINEER.

EMPLOYER NAME:		WSSN:	JOB TITLE:
DATE OF EMPLOYMENT (INCLUDE MONTH & YEAR)	FROM:	TO:	

ARE YOU A CONTRACT EMPLOYEE: ___YES ___NO? IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE LIMITED TREATMENT SYSTEM WORK IS ROUTINELY PERFORMED.

LIMITED TREATMENT SYSTEM JOB CATEGORIES: Check off activities that you routinely physically perform in job position #3

LIMITED TREATMENT PLANT OPERATION

- ___Set Chemical Feed Rates
- ___Determine Chemical Doses
- ___Prepare Chemical Solutions
- ___Operate Treatment System Pumps
- ___Operate Chemical Pumps
- ___Operate Well Pumps

LIMITED TREATMENT PLANT MAINTENANCE

- ___Maintain Well/High Service Pumps
- ___Maintain Filters
- ___Maintain Chemical Feed Pumps
- ___Maintain Treatment System Pumps

LIMITED TREATMENT PLANT LABORATORY DUTIES

- ___Collect Routine Water Samples
- ___Perform Chemical Tests
- ___Perform Residual Tests
- ___Perform Coliform Tests
- ___QA/QC of Lab Equipment
- ___Calibration of Lab Equipment

LIMITED TREATMENT PLANT ADMINISTRATION

- ___Complete MDEQ Operation Reports
- ___Respond to Customer Complaints
- ___Schedule Routine Maintenance
- ___Maintain Spare Parts and Chemical Inventory
- ___Prepare Treatment Plant Budgets
- ___Train & Manage Personnel
- ___Prepare & Maintain Water System Emergency Plans
- ___Maintain Operational/Plant Data Records & Files
- ___Schedule Limited Treatment Workforce

During the time period worked in this job position, I spend _____ percentage of time routinely performing the above job categories and the following job duties. (Fully describe your job duties for this position, attach additional sheets if needed.)

CHECK EITHER OR BOTH, WHICHEVER APPLIES:

___ I am this employee's IMMEDIATE SUPERVISOR; ___ I am the OPERATOR IN CHARGE at this WSSN

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE DRINKING WATER LIMITED TREATMENT SYSTEM OPERATION JOB DUTY INFORMATION PROVIDED BY THE APPLICANT ON THIS PAGE IS TRUE. I AM AWARE THERE MAY BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION INCLUDING FORFEITURE OF MY OWN CERTIFICATIONS.

NAME AND TITLE _____ PHONE NUMBER _____

SIGNATURE _____ DATE _____

(Print this page for your records only – you do not need to mail a copy of it to DEQ-OTCU with your application)

Authority Governing the Certification of Water Works Personnel in Accordance with State Law and Administrative Rules

(Excerpts From the Act and Rules as Amended 12/8/2000)

SAFE DRINKING WATER ACT - Act 399, Public Acts of 1976

An Act to protect the public health; to provide for supervision and control over public water supplies; to prescribe the powers and duties of the department of environmental quality; to provide for the submission of plans and specifications for waterworks systems and the issuance of construction permits therefor; to provide for the capacity assessments and source water assessments of public water supplies; to provide for the classification of public water supplies and the examination, certification and regulation of persons operating those systems; to provide for continuous, adequate operation of privately owned, public water supplies; to authorize the promulgation of rules to carry out the intent of the act; to create the water supply fund; to provide for the administration of the water supply fund; and to provide penalties.

Sec. 9 (1) The department shall classify public water supplies, including water treatment and distribution systems at community supplies with regard to size, type, location, and other physical conditions for the purpose of establishing the skill, knowledge, and experience that individuals need to maintain and operate the systems effectively.

(4) For individuals meeting the requirements, the department shall issue certificates acknowledging their competency to operate a specified class of waterworks system or portion of waterworks system. The department may suspend or revoke a certificate as specified by rule.

(5) A public water supply shall be under the supervision of a properly certified operator as specified in the rules.

**THE RULES TO IMPLEMENT ACT NO. 399, P.A. 1976
R 325.10101 TO R 325.12606**

DEFINITIONS FROM RULE 103.

(d) "Certificate" means a document that is issued by the department to a person who meets the qualification requirements for operating a waterworks system or a portion of the waterworks system.

(e) "Certified operator" means an operator who holds a certificate.

CLASSIFICATION OF TREATMENT AND DISTRIBUTION SYSTEMS

CLASS	POPULATION	DESIGN CAPACITY
Complete Treatment		
F-1	Greater than 20,000	Greater than 5 MGD
F-2	4,000 to 20,000	2 to 5 MGD
F-3	1,000 to 4,000	0.5 to 2 MGD
F-4	Less than 1,000	Less than 0.5 MGD
Other Treatment		
D-1	Greater than 20,000	Greater than 5 MGD
D-2	4,000 to 20,000	2 to 5 MGD
D-3	1,000 to 4,000	0.5 to 2 MGD
D-4	Less than 1,000	Less than 0.5 MGD
Distribution		
S-1	Greater than 20,000	-----
S-2	4,000 to 20,000	-----
S-3	1,000 to 4,000	-----
S-4	Less than 1,000	-----

R 325.11910. APPLICATION FOR EXAMINATION; NOTICE TO ACCEPTED APPLICANTS OF EXAMINATION.

Rule 1910. (1) To be certified for the operation of a public water supply other than a class F-5, Class D-5 or Class S-5, an individual shall submit, to the department, not less than 45 days before the announced examination date, an application for examination on a form provided by the department. To be certified for the operation of a class F-5, class D-5, or class S-5 an individual shall submit, to the department, not less than 20 days before the examination date, an application for examination on a form provided by the department. The information contained on the application shall be evaluated by the department, shall be subject to review by the advisory board, and shall constitute a part of the examination. The department may require verification of the education and experience of an applicant for an examination.

(2) Not less than 15 days before the examination, the department shall notify all applicants of its findings and shall notify those applicants accepted for examination of the date, time, and place of the examination.

R 325.11911. APPLICANT FOR CERTIFICATION; GRADING.

Rule 1911. (1) An applicant for certification shall be graded in 4 major divisions as follows:

- (a) Educational qualifications of the applicant.
- (b) Experience qualifications of the applicant, where applicable.
- (c) The examination.
- (d) The laboratory examination, where applicable.

(2) An applicant shall satisfy the minimum criteria established by the department as outlined in table 1 for educational qualifications before admission to the examination.

(3) Criteria used for grading shall be determined by the department subject to the approval of the advisory board and shall be made available by the department.

(4) An applicant for certification may be required to submit, to the department, on request, names of persons familiar with the experience qualifications of the applicant.