



**LIMITED TREATMENT D1, D2, D3, D4
APPLICATION INSTRUCTIONS FOR THE TYPE I (LEVELS 1-4) MUNICIPAL DRINKING WATER
CERTIFICATION EXAMS**

APPLICATIONS MUST BE SUBMITTED NO LATER THAN 45 DAYS PRIOR TO THE EXAMINATION. A COMPLETE LIST OF EXAM DATES AND POST MARK DEADLINES IS AVAILABLE AT <http://www.michigan.gov/deqoperatortraining> (listed under exam applications and study guides) LATE APPLICATIONS WILL NOT BE ACCEPTED

NOTE:
The U.S. Postal Service postmark or a postmark from an independent delivery service (U.P.S., Federal Express) will be used to verify that the application has met the deadline for submission. Postmarks by private meter stamps (such as Pitney Bowes) cannot be used as proof of meeting the deadline. **Don't wait until the deadline date to apply. Submit your application early so that there is time to make amendments if necessary.**

Applicants must complete the application with the required signatures. Signatures must be original; **e-mailed, copied, or faxed applications WILL NOT be accepted.** Incomplete applications will be denied.

Drinking Water Exam Locations

On the application, please indicate the preferred location of examination and alternate choices. Applicants will be assigned to the location/region requested if possible. Some exam sites have limited seating, reassignments may be necessary, so get your application in early.

- “**Central MI**” means the Lansing area
- “**East MI**” means the Flint/Port Huron area
- “**West MI**” means the Grand Rapids area
- “**Northern Lower MI**” means the Grayling/Harrison area
- “**Southeast MI**” means the Detroit area
- “**Southwest MI**” means the Kalamazoo area
- “**Upper Peninsula**” means the Escanaba/Marquette area

Instructions for Completing Exam Applications

- Page 1: Fill out contact information completely, indicate any related certifications held, and circle the classification level(s) you wish to take. Prior approvals, as defined on page 1 of the application, only need to submit a completed page 1 of the application.
- Page 2: Fill out the education information completely. If you completed college, indicate your major, degree received, and year completed.
- Pages 3-5: Fill out a separate position description page for each position held that is related to drinking water. This page must be completed in its entirety. Indicate the specific dates that the drinking water related work has been performed, even if these dates differ from your date of hire. **The job categories, percentage worked, detailed narrative of your routine job duties, and supervisor signature must be included in order to be accurately evaluated.** Leaving any portion of the position description pages blank will result in that experience not being counted and could result in a denial of application. **Detailed narrative means explain your routine duties relative to the boxes you checked off. Stating “I do it all” or “I do everything above” is not sufficient.**

Use the narrative space to detail your experience in Limited Treatment for potable water only. Distribution System experience does not count towards Limited Treatment experience and vice versa. **Leaving the narrative blank will result in an automatic denial.** Keep in mind; it is not possible to work 100 percent in limited treatment and also 100 percent in distribution.

DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION



Instructions for Payment of Examination Fees

The fees for Limited Treatment Drinking Water Certification Exams are:

- **D1, D2, D3, or D4 - \$70.00 per exam** (Make Checks Payable to: State of Michigan)

Individuals will be charged for all exams applied for and charges will apply upon receipt of the application. The applicant will be responsible for payment of the examination fee.

A certified operator will not be allowed to write an examination for a certification that they currently hold.

Be very specific in what you apply for. No refunds of fees will be given for any reason (such as denials, cancellations, no shows, etc.)

In order to obtain certification, the examination fee must be paid. Notification of examination results will not be made until examination fees are received by the State.

**COMPLETED APPLICATIONS, WITH ORIGINAL SIGNATURE AND FEE PAYMENT,
MUST BE MAILED TO THE FOLLOWING ADDRESS.**

**DEPARTMENT OF ENVIRONMENTAL
QUALITY
CASHIER'S OFFICE - RMD - DWF
P.O. BOX 30657
LANSING, MI 48909-8157**

FAXED, COPIED, OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.

You may receive acknowledgment from the Department of Environmental Quality of **receipt of your application** by enclosing a **SELF-ADDRESSED, STAMPED POSTCARD** with your application. We will date stamp the card and mail it back to you. This does not indicate acceptance to the examination; only receipt of your application.

ALL APPLICANTS WILL BE NOTIFIED OF ACCEPTANCE OR DENIAL OF THE WRITTEN EXAMINATION NO LESS THAN 15 DAYS BEFORE THE DATE OF THE EXAMINATION.

DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION



Michigan Department of Environmental Quality
Resource Management Division

**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				
CLASS	EDUCATION	EXPERIENCE	EXAM GRADE	
				LAB
ISSUE DATE				
EXPIRATION DATE				
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

NAME (First)		(Middle Initial)	(Last)	OPERATOR ID NUMBER (If Known)	
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 hereby certify that all information provided in this application and attachments (if any) is accurate and complete. I understand that misstatement of facts may result in forfeiture of all rights to certification. I further certify that I have read and understand the instructions for payment of examination fees and I am responsible for an examination fee of **\$70.00** for each exam applied for. I further understand there are no refunds.

SIGNATURE	DATE
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EXAMINATION LOCATION: I PREFER TO TAKE THE WRITTEN EXAMINATION NEAR:

- CENTRAL MI EAST MI WEST MI
- NORTHERN LOWER MI SOUTHEAST MI SOUTHWEST 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.

ADDITIONAL APPLICATIONS MAY BE DOWNLOADED AT: <http://www.michigan.gov/deqoperatortraining>

Make check payable to: **STATE OF MICHIGAN**

Mail to:
**DEPARTMENT OF ENVIRONMENTAL QUALITY
CASHIER'S OFFICE – RMD-DWF
P.O. BOX 30657
LANSING, MICHIGAN 48909-8157**

For Cashier's Use Only: DWF

To find the Educational Points Required to Write a Limited Treatment Exam and/or to find the Points Given for Formal Education, go to the DEQ-OTCU website: www.michigan.gov/deqoperatortraining or call 517-241-7199.

PROVIDE BELOW YOUR EDUCATIONAL QUALIFICATIONS		(Office Use Only)
NAME AND LOCATION OF HIGH SCHOOL OR GED EQUIVALENT _____	CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12	
COLLEGE NAME AND LOCATION _____		
DEGREE AND MAJOR: _____ YEAR GRADUATED _____		
CREDIT HOURS ACCUMULATED IF YOU DID NOT COMPLETE YOUR DEGREE _____		
CHECK IF APPLICABLE		
<input type="checkbox"/> 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 that 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 HIGHEST FULL CATEGORIES*	POINTS/ALLOWABLE	WORKING IN MONTH 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 NONSUPERVISORY 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 AND 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 NONSUPERVISORY 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

- 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

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

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 NONSUPERVISORY 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

- 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

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

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
DO NOT 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 12/4/2009)
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.