APPLICATIONS MUST BE SUBMITTED NO LATER THAN 60 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. DO NOT wait until the deadline date to apply.

Applicants must complete the application with the required signatures. Signatures must be original and authentic. Fax ed, e-mailed, or copied exam 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 on a first come first serve basis. Some exam sites have limited seating, and reassignments may be necessary.

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 the first page 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. Leaving any portion of the position description page(s) blank will result in the experience not being counted which could result in a denial of application. A detailed narrative includes an explanation of your routine duties relative to the job category 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 a potable Distribution System. Treatment experience does not count towards distribution system 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 treatment and 100 percent in distribution.

DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION
Instructions for Payment of Examination Fees

The fees for Distribution System Drinking Water Certification Exams are:

- **S1, S2, S3, or S4** - $70.00 per exam (Make Checks Payable to: State of Michigan)

- **Payment by credit card is now accepted online at the following website:**
  www.thepayplace.com/mi/deq/trainandcertify

A separate examination fee is required for all examinations an individual applies for, and payment is due upon submission of the application. Applicants **WILL NOT** be allowed to write an exam unless fees have been received by the State.

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

**No refunds will be given for any reason (such as denials, cancellations, no shows, etc.)**

**COMPLETED APPLICATIONS, WITH ORIGINAL SIGNATURE AND FEE PAYMENT/CREDIT CARD RECEIPT, MUST BE MAILED TO THE FOLLOWING ADDRESSES DEPENDENT ON PAYMENT TYPE.**

<table>
<thead>
<tr>
<th>When paying online, please mail a copy of the payment receipt, the ORIGINAL application, and all documentation to this address. <strong>DO NOT MAIL CHECKS TO THIS ADDRESS:</strong></th>
<th>To pay by check, please mail this application, all documentation and appropriate fees to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDEQ Drinking Water and Municipal Assistance Division Operator Training and Certification PO BOX 30817 Lansing, Michigan 48909-8311</td>
<td>Make checks Payable to: State of Michigan</td>
</tr>
<tr>
<td>MDEQ Office of Financial Management Revenue Control/Cashier’s Office PO BOX 30657 Lansing, Michigan 48909-8157</td>
<td>Make checks payable to: State of Michigan</td>
</tr>
<tr>
<td>For overnight or express delivery, please send check, application and all documentation to:</td>
<td>MDOT Accounting Service Center 425 West Ottawa Street Lansing, Michigan 48933</td>
</tr>
</tbody>
</table>

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

**ADDITIONAL APPLICATIONS MAY BE DOWNLOADED AT the DEQ Operator Training Website**
(http://www.michigan.gov/deqoperatortraining)

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**
APPLICATION FOR DISTRIBUTION CERTIFICATION

This information is required by authority of 1976 PA 399.

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.

To be accepted, this application, with your original signature, must be received by MDEQ-OTCP no fewer than 60 days prior to the announced examination date. Faxed or electronic copies WILL NOT be accepted.

TYPE, PRINT, OR WRITE LEGIBLY

<table>
<thead>
<tr>
<th>NAME: (First)</th>
<th>(Middle Initial)</th>
<th>(Last)</th>
<th>OPERATOR ID NUMBER: (If Known)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STREET OR P.O. BOX MAILING ADDRESS:</th>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-MAIL ADDRESS:</th>
<th>HOME PHONE NUMBER:</th>
<th>BUSINESS PHONE NUMBER:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MDEQ DRINKING WATER AND/OR WASTEWATER CERTIFICATE(S) HELD:</th>
<th>CIRCLE CERTIFICATE(S) APPLYING FOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-1 S-2 S-3 S-4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER NAME: (Current)</th>
<th>WSSN NUMBER:</th>
<th>PHONE NUMBER:</th>
</tr>
</thead>
</table>

☐ 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 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 instruction for payment of examination fees and I am responsible for an examination fee of $70 for each exam applied for. I further understand there are no refunds.

SIGNATURE: [Signature]

DATE: [Date]

EXAMINATION LOCATION: I PREFER TO TAKE THE WRITTEN EXAMINATION NEAR

☐ LANSING MI ☐ FLINT MI ☐ PORT HURON MI ☐ HOLLAND MI ☐ YPSILANTI MI

☐ GAYLORD MI ☐ ALLEN PARK MI ☐ KALAMAZOO MI ☐ MARQUETTE MI

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

When paying online at the online payment site (www.thepayplace.com/mi/deq/trainandcertify) Please mail a copy of the payment receipt, the ORIGINAL application, and all documentation to this address. DO NOT MAIL CHECKS TO THIS ADDRESS:

MDEQ Drinking Water and Municipal Assistance Division Operator Training and Certification PO BOX 30817 Lansing, Michigan 48909-8311

To pay by check, please mail this application, all documentation and appropriate fees of $70.00 to:

Make checks Payable to:
State of Michigan

MDEQ Office of Financial Management Revenue Control/Cashier’s Office PO BOX 30657 Lansing, Michigan 48909-8157

For overnight or express delivery, please send check/credit card receipt, application and all documentation to:

Make checks payable to(if applicable):
State of Michigan

MDOT Accounting Service Center 425 West Ottawa Street Lansing, Michigan 48933

For Cashier’s Use Only: DWF
To find the Educational Points Required to Write a Distribution Exam and/or to find the Points Given for Formal Education, go to the [MDEQ-OTCP website](http://www.michigan.gov/deqoperatortraining) or call 517-284-5424.

**PROVIDE BELOW YOUR EDUCATIONAL QUALIFICATIONS**

NAME and LOCATION OF HIGH SCHOOL OR GED EQUIVALENT: ________________________

HIGHEST GRADE COMPLETED: ___________ YEAR GRADUATED: ___________

COLLEGE NAME and LOCATION: ____________________________________________________________

DEGREE AND MAJOR: ___________________________ YEAR GRADUATED: ___________

CREDIT HOURS ACCUMULATED IF YOU DID NOT COMPLETE YOUR DEGREE: ___________

CHECK IF APPLICABLE

☐ REGISTERED PROFESSIONAL ENGINEER, REGISTRATION NUMBER: ________________________

**DIRECTIONS FOR COMPLETING PAGES 3-5 OF THIS APPLICATION**

DISTRIBUTION SYSTEM – Provide ONLY job duties that you routinely perform while working in a drinking water DISTRIBUTION 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, LIMITED TREATMENT, or WASTEWATER TREATMENT system. Beginning with your current job (job position #1), work backwards listing previous DISTRIBUTION system positions that you believe qualify you for operation experience in a drinking water DISTRIBUTION 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 three job positions. Label them as job position 4, 5, etc. There are seven drinking water DISTRIBUTION 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 DISTRIBUTION 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.

**DISTRIBUTION SYSTEM EXPERIENCE REQUIREMENTS**

<table>
<thead>
<tr>
<th>NUMBER OF FULL CATEGORIES* WORKING IN</th>
<th>POINTS/MONTH</th>
<th>HIGHEST ALLOWABLE EXAM LEVEL</th>
<th>DISTRIBUTION SYSTEM EXPERIENCE QUALIFICATIONS MUST INCLUDE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
<td>S-1</td>
<td>S-1 - <strong>48 Points plus:</strong> work in four or more categories for at least one year AND at least two years of operating experience of which one year is in a S-2 system or higher.</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>S-2</td>
<td>S-2 - <strong>24 Points plus:</strong> work in three or more full categories for at least one year AND one year of operating experience in a S-3 system or higher.</td>
</tr>
<tr>
<td>2</td>
<td>½</td>
<td>S-3</td>
<td>S-3 - <strong>12 Points plus:</strong> work in two or more full categories for one year.</td>
</tr>
<tr>
<td>1</td>
<td>½</td>
<td>S-4</td>
<td>S-4 - <strong>6 Points</strong></td>
</tr>
<tr>
<td>½</td>
<td>¼</td>
<td>S-4</td>
<td></td>
</tr>
</tbody>
</table>

*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 [DEQ-OTCP website](http://www.michigan.gov/deqoperatortraining) or call 517-284-5424.

DEQ Environmental Assistance Center
Telephone: 1-800-662-9278
For Job Position #1, check one primary job responsibility:

- ☐ Administration/Clerical
- ☐ Nonsupervisory Drinking Water Distribution 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 drinking water distribution system work is routinely performed.

WATER DISTRIBUTION SYSTEM JOB CATEGORIES:

Check all activities that you routinely physically perform in job position #1

WATER DISTRIBUTION SYSTEM CONSTRUCTION

☐ Install or Replace Water Mains
☐ Install or Replace Fire Hydrants
☐ Install or Replace System Valves
☐ Perform Construction Flushing
☐ Perform Pressure Tests & Leakage Calculations
☐ Disinfect & Sample New Mains

WATER DISTRIBUTION SYSTEM REPAIRS

☐ Repair Water Mains
☐ Repair Hydrants
☐ Repair Well or Booster Pumps
☐ Repair Control Valves
☐ Repair Distribution Valves

WATER DISTRIBUTION SYSTEM OPERATION

☐ Perform Routine Flushing
☐ Perform Routine Valve Turning
☐ Operate Well or Booster Pumps
☐ Collect Routine Monthly Bacteriologic Samples
☐ Operate or Control Water Storage
☐ Perform Leak Detection

WATER DISTRIBUTION SYSTEM CUSTOMER METERS

☐ Read Meters/Remotes
☐ Test Meters/Remotes
☐ Repair Meters/Remotes
☐ Install Meters/Remotes

WATER DISTRIBUTION SYSTEM SERVICE LINES

☐ Install Services, Taps, Curb Stops
☐ Repair Services, Taps, Curb Stops
☐ Perform Line Locating
☐ Perform Turn Ons & Shut Offs

WATER DISTRIBUTION SYSTEM REPAIRS

☐ Conduct Formal Cross Connection Inspections
☐ Enforce Formal Cross Connection Program
☐ Maintain Cross Connection Records
☐ Review Device Test Reports
☐ Prepare Annual DEQ Cross Connection Report

WATER DISTRIBUTION SYSTEM ADMINISTRATION

☐ Prepare/Maintain DEQ Reports & Plans
☐ Respond to Customer Complaints
☐ Schedule Maintenance
☐ Maintain Spare Parts Inventory
☐ Prepare Water System Budgets
☐ Train & Manage Personnel
☐ Maintain Distribution Appurtenance Records
☐ Schedule Distribution Work Force

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 distribution 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: ________________

DEQ Environmental Assistance Center
Telephone: 1-800-662-9278

www.michigan.gov/deq

EQP3423 (02/2018)
For Job Position #2, CHECK ONE PRIMARY JOB RESPONSIBILITY: ☐ ADMINISTRATION/CLERICAL ☐ NONSUPERVISORY DRINKING WATER DISTRIBUTION SYSTEM OPERATIONS ☐ FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT ☐ DEPARTMENT/UTILITY DIRECTOR ☐ CITY/TOWNSHIP/UTILITY ENGINEER

<table>
<thead>
<tr>
<th>EMPLOYER NAME:</th>
<th>WSSN:</th>
<th>JOB TITLE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF EMPLOYMENT (INCLUDE MONTH and YEAR)</th>
<th>FROM:</th>
<th>TO:</th>
</tr>
</thead>
</table>

ARE YOU A CONTRACT EMPLOYEE: ☐ YES ☐ NO? IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE DRINKING WATER DISTRIBUTION SYSTEM WORK IS ROUTINELY PERFORMED.

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

WATER DISTRIBUTION SYSTEM CONSTRUCTION
☐ Install or Replace Water Mains
☐ Install or Replace Fire Hydrants
☐ Install or Replace System Valves
☐ Perform Construction Flushing
☐ Perform Pressure Tests & Leakage Calculations
☐ Disinfect & Sample New Mains

WATER DISTRIBUTION SYSTEM REPAIRS
☐ Repair Water Mains
☐ Repair Hydrants
☐ Repair Well or Booster Pumps
☐ Repair Control Valves
☐ Repair Distribution Valves

WATER DISTRIBUTION SYSTEM OPERATION
☐ Perform Routine Flushing
☐ Perform Routine Valve Turning
☐ Operate Well or Booster Pumps
☐ Collect Routine Monthly Bacteriologic Samples
☐ Operate or Control Water Storage
☐ Perform Leak Detection

WATER DISTRIBUTION SYSTEM CUSTOMER METERS
☐ Read Meters/Remotes  ☐ Test Meters/Remotes
☐ Repair Meters/Remotes  ☐ Install Meters/Remotes

WATER DISTRIBUTION SYSTEM SERVICE LINES
☐ Install Services, Taps, Curb Stops
☐ Repair Services, Taps, Curb Stops
☐ Perform Line Locating
☐ Perform Turn Ons & Shut Offs

WATER DISTRIBUTION CROSS CONNECTIONS
☐ Conduct Formal Cross Connection Inspections
☐ Enforce Formal Cross Connection Program
☐ Maintain Cross Connection Records
☐ Review Device Test Reports
☐ Prepare Annual DEQ Cross Connection Report

WATER DISTRIBUTION SYSTEM ADMINISTRATION
☐ Prepare/Maintain DEQ Reports & Plans
☐ Respond to Customer Complaints
☐ Schedule Maintenance
☐ Maintain Spare Parts Inventory
☐ Prepare Water System Budgets
☐ Train & Manage Personnel
☐ Maintain Distribution Appurtenance Records
☐ Schedule Distribution Work Force

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 DISTRIBUTION 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:____________________________________

DEQ Environmental Assistance Center
Telephone: 1-800-662-9278

Page 4 of 5
For Job Position #3, CHECK ONE PRIMARY JOB RESPONSIBILITY: ☐ ADMINISTRATION/CLERICAL ☐ NONSUPERVISORY DRINKING WATER DISTRIBUTION SYSTEM OPERATIONS ☐ FIRST LINE SUPERVISOR/FOREMAN/SUPERINTENDENT ☐ DEPARTMENT/UTILITY DIRECTOR ☐ CITY/TOWNSHIP/UTILITY ENGINEER.

<table>
<thead>
<tr>
<th>EMPLOYER NAME:</th>
<th>WSSN:</th>
<th>JOB TITLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF EMPLOYMENT (INCLUDE MONTH and YEAR)</td>
<td>FROM:</td>
<td>TO:</td>
</tr>
</tbody>
</table>

ARE YOU A CONTRACT EMPLOYEE: ☐ YES ☐ NO? IF YES, ATTACH A SEPARATE LIST OF ALL WSSNs YOU ARE ASSOCIATED WITH WHERE DRINKING WATER DISTRIBUTION SYSTEM WORK IS ROUTINELY PERFORMED.

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

WATER DISTRIBUTION SYSTEM CONSTRUCTION
☐ Install or Replace Water Mains
☐ Install or Replace Fire Hydrants
☐ Install or Replace System Valves
☐ Perform Construction Flushing
☐ Perform Pressure Tests & Leakage Calculations
☐ Disinfect & Sample New Mains

WATER DISTRIBUTION SYSTEM REPAIRS
☐ Repair Water Mains
☐ Repair Hydrants
☐ Repair Well or Booster Pumps
☐ Repair Control Valves
☐ Repair Distribution Valves

WATER DISTRIBUTION SYSTEM OPERATION
☐ Perform Routine Flushing
☐ Perform Routine Valve Turning
☐ Operate Well or Booster Pumps
☐ Collect Routine Monthly Bacteriologic Samples
☐ Operate or Control Water Storage
☐ Perform Leak Detection

WATER DISTRIBUTION SYSTEM CUSTOMER METERS
☐ Read Meters/Remotes
☐ Test Meters/Remotes
☐ Repair Meters/Remotes
☐ Install Meters/Remotes

WATER DISTRIBUTION SYSTEM SERVICE LINES
☐ Install Services, Taps, Curb Stops
☐ Repair Services, Taps, Curb Stops
☐ Perform Line Locating
☐ Perform Turn Ons & Shut Offs

WATER DISTRIBUTION CROSS CONNECTIONS
☐ Conduct Formal Cross Connection Inspections
☐ Enforce Formal Cross Connection Program
☐ Maintain Cross Connection Records
☐ Review Device Test Reports
☐ Prepare Annual DEQ Cross Connection Report

WATER DISTRIBUTION SYSTEM ADMINISTRATION
☐ Prepare/Maintain DEQ Reports & Plans
☐ Respond to Customer Complaints
☐ Schedule Maintenance
☐ Maintain Spare Parts Inventory
☐ Prepare Water System Budgets
☐ Train & Manage Personnel
☐ Maintain Distribution Appurtenance Records
☐ Schedule Distribution Work Force

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 DISTRIBUTION 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________________________

DEQ Environmental Assistance Center
Telephone: 1-800-662-9278 www.michigan.gov/deq EQP3423 (02/2018)
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 therefore; 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

<table>
<thead>
<tr>
<th>CLASS</th>
<th>POPULATION</th>
<th>DESIGN CAPACITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F-1</td>
<td>Greater than 20,000</td>
<td>Greater than 5 MGD</td>
</tr>
<tr>
<td>F-2</td>
<td>4,000 to 20,000</td>
<td>2 to 5 MGD</td>
</tr>
<tr>
<td>F-3</td>
<td>1,000 to 4,000</td>
<td>0.5 to 2 MGD</td>
</tr>
<tr>
<td>F-4</td>
<td>Less than 1,000</td>
<td>Less than 0.5 MGD</td>
</tr>
<tr>
<td>Other Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D-1</td>
<td>Greater than 20,000</td>
<td>Greater than 5 MGD</td>
</tr>
<tr>
<td>D-2</td>
<td>4,000 to 20,000</td>
<td>2 to 5 MGD</td>
</tr>
<tr>
<td>D-3</td>
<td>1,000 to 4,000</td>
<td>0.5 to 2 MGD</td>
</tr>
<tr>
<td>D-4</td>
<td>Less than 1,000</td>
<td>Less than 0.5 MGD</td>
</tr>
<tr>
<td>Distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-1</td>
<td>Greater than 20,000</td>
<td>--------------------</td>
</tr>
<tr>
<td>S-2</td>
<td>4,000 to 20,000</td>
<td>--------------------</td>
</tr>
<tr>
<td>S-3</td>
<td>1,000 to 4,000</td>
<td>--------------------</td>
</tr>
<tr>
<td>S-4</td>
<td>Less than 1,000</td>
<td>--------------------</td>
</tr>
</tbody>
</table>