



**APPLICATION FOR A-1A (SPECIAL) AND
 A-1H (NONCONTACT COOLING WATER) CERTIFICATION**
By authority of 1994 PA 451, as amended.

For Cashier's Use Only Hot Key WWF

Accounting Template 761WRDOPERCERTR

The exam fee is \$30. Payment information and general application instructions are listed on the last page of this document.

Applying for _____ Certification (Print/Type A-1a or A-1h) (Separate applications must be submitted if applying for both).

PERSONAL INFORMATION			
Name (Last, First, Middle Initial):			
Address:		Home Phone:	Business Phone:
City:	State:	Zip:	If you possess a Michigan Industrial Commercial Certificate, please indicate the number: W-

FACILITY EXPERIENCE RECORD			
Please be sure to have the appropriate supervisory personnel sign this record to verify your statements with respect to your employment.			
Facility Name (Where Discharge is Located):		Employment Verification: I find the statements and information contained in this application to be true and correct to the best of my knowledge.	
Address:		Name of Your Immediate Supervisor at this Facility (i.e., permittee or owner of facility)	
City:	State:	Zip:	Signature of Above Supervisor:
Dates of employment at this facility: From: (mo. & yr.) To: (mo. & yr.)		Supervisor Phone Number:	
Hours per week in this facility:			



This section must also be completed if the applicant is employed by other than the owner of the facility listed above (i.e., contract operations)			
Employer:		Employment Verification: I find the statements and information contained in this application to be true and correct to the best of my knowledge.	
Address:		Employer Supervisor Name:	
City:	State:	Zip:	Employer Supervisor Signature:
Dates of employment from: (mo. & yr.) To: (mo. & yr.)		Supervisor Phone Number:	

I hereby certify that all information contained on all pages, including attachments, is accurate and complete. I fully understand that falsification of this application may result in denial or revocation of certification.

Signature _____ Date _____

1. Describe the process(s) generating the water discharged by this facility relating to the A-1a or A- classification.
2. List all wastewater classifications assigned by the Michigan Department of Environment, Great Lakes, Energy (EGLE) for this facility and the EGLE District Office to which it reports.
3. Describe your duties and responsibilities pertaining to the discharge of this water.
4. How long have you held these duties?
5. Indicate the point of discharge (name of lake, river, stream, etc.).
6. Describe any measuring and monitoring devices used in controlling this discharge. Include calibration procedures and indicate how frequently this equipment is calibrated.
7. Indicate the average flow quantity discharged per day.
8. To your knowledge, are there or have there ever been any adverse effects on the receiving waters because of this discharge? If so, explain.
9. List any chemicals added to the water being discharged, giving approximate concentration and reason for use.

GENERAL APPLICATION INFORMATION AND INSTRUCTIONS

If you have any questions pertaining to your Facility Classification, contact the EGLE District Office for your area.

District information can be found here: https://www.michigan.gov/egle/0,9429,7-135-3306_3329-12306--,00.html

MINIMUM EXPERIENCE REQUIREMENTS

A-1a This is a special classification intended for facilities that discharge small flows, has minimal environmental impact, and where no other classifications apply (facilities classified as A-1a may not have other classifications). Applicants must have experience with a discharge classified by EGLE as A-1a.

A-1h This classification applies to the discharge of cooling water that has not become contaminated through contact with process equipment or flows and is discharged directly into groundwater or surface receiving water without passing through a wastewater treatment process. A minimum of 6 months operational experience in this classification is required before obtaining certification. This experience must be gained before the application is submitted.

MINIMUM EDUCATION REQUIREMENTS

The ability to read and write.

Comprehension of the principles and problems of management of the treatment process and facilities.

The ability to perform arithmetic calculations necessary to operate the waste treatment or control facility and prepare required reports.

PAYMENT INFORMATION

The exam fee is \$30. Please make check payable to "State of Michigan". Mail completed application and fee to:

Department of Environment, Great Lakes, and Energy Cashier's Office – WRD
MDOT Accounting Services Division
PO Box 30657
Lansing, Michigan 48909-8157

For information or assistance on this form, please contact the Water Resources Division, through the EGLE Environmental Assistance Center at 800-662-9278. This form is available in alternative formats upon request.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.