

INSTRUCTIONS FOR A-1a and A-1h CERTIFICATION APPLICATION

This application may only be used when applying for A-1a or A-1h certification.

MINIMUM REQUIREMENTS

Experience Requirement:

- 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 the Department of Environmental Quality 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 the classification requested is required. This experience must be gained before the application is submitted.

Education Requirement:

1. The ability to read and write.
2. Comprehension of the principles and problems of management of the treatment process and facilities.
3. The ability to perform arithmetic calculations necessary to operate the waste treatment or control facility and prepare required reports.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

NOTE: Please print or type the application.

Original signatures are required. Faxed or copied signatures **WILL NOT** be accepted.

- Section A. Indicate which certification you are applying for. (Use separate applications if applying for both.)
- Section B. Complete the personal information section as indicated. If you currently hold an industrial/commercial wastewater operator certification and know the certificate number, write the number in the box provided.
- Section C. Indicate the name, address, date of employment, and number of hours per week worked at the discharging facility. Your supervisor at this facility (permittee, owner, or supervisor directly employed by the owner) must print his/her name, sign, date, and provide a telephone number in the spaces provided for employment verification.
- If your direct employer is other than the permittee or owner of the facility (i.e., if you are employed by a firm that operates the facility by contract) you must also complete the employer section provided. Your supervisor (employed by the contracting firm) must print his/her name, sign, date, and provide a telephone number in the spaces provided for employment verification.
- Section D. This application constitutes a written examination for certification. Answer all questions in the application in your own words. All questions must be completed.

The fee for this certification is **\$30**. Please see last page of application for payment instructions.

No refunds will be given for any reason.

If you have any questions regarding this application, call or e-mail:

Earl Wuestnick
Operator Training and Certification Unit
517-284-5487
wuestnicke@michigan.gov

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
 WATER RESOURCES DIVISION
 OPERATOR TRAINING AND CERTIFICATION UNIT
APPLICATION FOR INDUSTRIAL/COMMERCIAL OPERATOR CERTIFICATION
A-1a (Special) and A-1h (Noncontact Cooling Water)

By authority of 1994 PA 451, as amended.
 This application must be completed in order to be considered for certification.

A. Applying for _____ Certification (Print A1a or A1h) (Separate applications must be submitted if applying for both).

B. PERSONAL INFORMATION		NOTE: Please print or type this application.	
NAME (Last, First, Middle Initial):			
HOME MAILING ADDRESS:		HOME PHONE NO. (Include Area Code):	BUSINESS PHONE NO.:
CITY	STATE	ZIP CODE	If you possess a Michigan Industrial Commercial Certificate please indicate the number W- _____

C. 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 (print) (i.e., permittee or owner of facility)	
City:	State:	Zip:	Signature of Above Supervisor
Dates of employment at this facility:		Supervisor Phone Number	
From: _____ (mo. & yr.) To: _____ (mo. & yr.)			
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 (please print)	
City:	State:	Zip:	Employer Supervisor Signature
Dates of employment:		Supervisor Phone Number:	
From: _____ (mo. & yr.) To: _____ (mo. & yr.)			

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
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**PLEASE MAIL COMPLETED APPLICATION AND CERTIFICATION FEE OF \$30 TO:
 Make check payable to: STATE OF MICHIGAN**

MI Department of Environmental Quality
 Cashier's Office - WRD-WWF
 PO Box 30657
 Lansing MI 48909-8157

For Cashier's Use Only: WWF

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER RESOURCES DIVISION
OPERATOR TRAINING AND CERTIFICATION UNIT
APPLICATION FOR INDUSTRIAL/COMMERCIAL OPERATOR CERTIFICATION
A-1a (Special) and A-1h (Noncontact Cooling Water)
By authority of 1994 PA 451, as amended.
This application must be completed in order to be considered for certification.

D. Answer each of the following questions in your own words. All of the questions must be completed to qualify for certification. Please print or type. Attach additional sheets if necessary.

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