



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
WATER RESOURCES DIVISION

**APPLICATION FOR INDUSTRIAL/COMMERCIAL WASTEWATER TREATMENT PLANT
OPERATOR CERTIFICATION**

By authority of 1994 PA 451, as amended.

General Application Instructions

- Please complete the application as directed and submit to the Department of Environment, Great Lakes, and Energy (EGLE) Water Resources Division (WRD) Operator Certification Unit as soon as possible. An incomplete application may be denied.
- Late applications will be denied.
- You must describe your wastewater experience for each specific process type for which you are applying.
- A certified operator will not be allowed to take an exam for a classification they currently hold.
- You will be notified of acceptance for the exam by letter to your home address or email following the Board of Examiners meeting.
- Submit total examination fee with application. No refunds will be given.
- A-1a or A-1h certification, use the A-1a or A-1h application provided on the [EGLE-WRD Operator Training & Certification webpage](#).
- Questions? Please contact the Water Resources Division's Licensing and Technology Support Unit through:
 - EGLE-WRD-OpCert@Michigan.gov
 - 517-284-5567

Minimum Experience and Education Requirements

Experience

A minimum of six (6) months of operational experience in each unit process (classification of exam) you request to take. This experience must be gained by the application deadline. If you have any questions pertaining to your Facility Classification, contact the [EGLE District Office](#) for your area.

[Here is the list of current industrial classifications and definitions for review.](#)

Education

Level 1:

- 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 the required report to the Department.

Level 2:

- The equivalent of a high school education with the equivalent of high school chemistry.
 - If you did not complete high school chemistry, five (5) years of operating experience is required.
- Comprehension of the principles and problems of management of the treatment process and facilities.

The ability to perform arithmetic calculations necessary to carry out the operation of the waste treatment or control facility and prepare the required report to the Department.

Level 3:

- The equivalent of two (2) years of college education in engineering, chemistry, biological sciences, or allied field. Graduation from high school and with at least four (4) courses in post-high school level chemistry or biological sciences, or both, may be equivalent.
- Comprehension of the principles and problems of management of the treatment process and facilities.

Exam Fees

Level 1 and 2 Exams: \$35.00 each

Level 3 Exams: \$40.00 each

Payment and Submission Instructions

- Pay the exam fee online at [EGLE's Industrial Wastewater Payment Website](#).
- Send your completed application materials to EGLE-WRD-OpCert@Michigan.gov.

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

W-Number (if applicable): _____

Select the classification(s) below that you are requesting to take. You must meet minimum requirements for both experience and education to write an exam.

- | | | |
|--|--|---|
| <input type="checkbox"/> A-1b Plain Clarification | <input type="checkbox"/> A-1d Impoundment | <input type="checkbox"/> A-1f Land Surface Disposal |
| <input type="checkbox"/> A-1g Sub-Surface Disposal | <input type="checkbox"/> A-2b Filtration of Wastewater | <input type="checkbox"/> A-2c Air Flotation |
| <input type="checkbox"/> A-2d Air Stripping | <input type="checkbox"/> A-2e Centrifuging | <input type="checkbox"/> A-2g Deep Well Injection |
| <input type="checkbox"/> B-1b Neutralization | <input type="checkbox"/> B-2a Chemical Clarification | <input type="checkbox"/> B-2b Ion Exchange |
| <input type="checkbox"/> B-2c Oil Water Separation | <input type="checkbox"/> B-2d Ultraviolet Oxidation | <input type="checkbox"/> B-3b Carbon Adsorption |
| <input type="checkbox"/> B-3c Reduction of Hex. Chromium | | <input type="checkbox"/> B-3d Oxidation of Cyanide |
| <input type="checkbox"/> C-1b Aerated Lagoons | <input type="checkbox"/> C-1c Stabilization Ponds | <input type="checkbox"/> C-2a Disinfection |
| <input type="checkbox"/> C-2b Trickling Filters | <input type="checkbox"/> C-2c Biological Sand Filters | |
| <input type="checkbox"/> C-2d Rotating Biological Contactors | | <input type="checkbox"/> C-2f Constructed Wetlands |
| <input type="checkbox"/> C-3a Activated Sludge | <input type="checkbox"/> C-3b Sequencing Batch Reactor | |

Check this box for a repeat exam(s) and only complete pages 2 and 3 of the application.

Preferred Exam Location

- Chelsea Grand Rapids Lansing Marquette

Accommodations and Accessibility

Please check here if you require accommodations to write the exam. Explain on a separate sheet of paper.

-
- ✓ I hereby certify that all information contained on all pages of this application, including attachments, is accurate and complete.
 - ✓ I understand that the information in this application constitutes a part of the examination.
 - ✓ I fully understand that falsification of this application may result in denial or revocation of certification.
 - ✓ I further certify that I have read and understand the instructions for payment of examination fees.

Signature: _____ **Date:** _____

Applicant Name: _____

Education and Training Record – High School

High School Name: _____ City, State: _____

Graduate? Yes No If yes, year graduated: _____

If no, highest grade completed: _____ Date G.E.D. certificate received: _____

Did you complete high school chemistry? Yes No (If you received acceptable equivalent training, please list below in the training section)

Education and Training Record – College

This section is for courses which college credits were received.

Submit transcripts with the application for any Level 3 certification.

Name of School: _____ City, State: _____

Dates Attended: From (MM/YY): _____ To (MM/YY): _____

Name of Degree: _____ # Credits Received: _____

Name of School: _____ City, State: _____

Dates Attended: From (MM/YY): _____ To (MM/YY): _____

Name of Degree: _____ # Credits Received: _____

Training

This section is for wastewater-related education training for which college credit was not received. Submit verification of these courses with this application. You may list additional courses if that is necessary.

Course Title and Sponsor: _____

Dates Attended: From (MM/YY): _____ To (MM/YY): _____

Course Length (Hours): _____ Course Ending Exam? Yes No

Course Title and Sponsor: _____

Dates Attended: From (MM/YY): _____ To (MM/YY): _____

Course Length (Hours): _____ Course Ending Exam? Yes No

Applicant Name: _____

Training Continued

Course Title and Sponsor: _____

Dates Attended: From (MM/YY): _____ To (MM/YY): _____

Course Length (Hours): _____ Course Ending Exam? Yes No

Course Title and Sponsor: _____

Dates Attended: From (MM/YY): _____ To (MM/YY): _____

Course Length (Hours): _____ Course Ending Exam? Yes No

Course Title and Sponsor: _____

Dates Attended: From (MM/YY): _____ To (MM/YY): _____

Course Length (Hours): _____ Course Ending Exam? Yes No

Facility Information

Only complete this section if you are employed by the permittee or facility owner.

Facility Name: _____

Facility Address: _____

Dates of Employment at this facility (MM/YY): From: _____ To: _____

Hours per week in this facility: _____

Employment Verification

I find the statements and information contained in this application to be true and correct to the best of my knowledge:

Permittee or Facility Owner Signature: _____

Permittee or Facility Owner Name: _____

Permittee or Facility Owner Phone Number: _____

Permittee or Facility Owner Email: _____

Applicant Name: _____

Only complete this section if your employer is not the permittee or facility owner and add only the facility name and address in the above box.

Employer (example: consulting firm): _____

Mailing Address: _____

Dates of Employment (MM/YY): From: _____ To: _____

Employment hours per week: _____

Employment Verification

I find the statements and information contained in this application to be true and correct to the best of my knowledge:

Employee Supervisor Signature: _____

Employee Supervisor Name: _____

Employee Supervisor Phone Number: _____

Employee Supervisor Email: _____

Applicant Name: _____

Facility Details

Describe the wastewater treatment facility. Include the process of generating waste and each process to treat the waste. Attach additional sheets if necessary.

Average Daily Flow, MGD: _____

Point of Discharge (groundwater, name of river, lake, etc.): _____

Experience at this Facility to Qualify for Operator Certification

Classification Requested: _____

Length of Experience in this Classification: _____ Years, _____ Months

Describe Your Duties in this Classification:

Classification Requested: _____

Length of Experience in this Classification: _____ Years, _____ Months

Describe Your Duties in this Classification:

Applicant Name: _____

Experience at this Facility to Qualify for Operator Certification Continued:

Classification Requested: _____

Length of Experience in this Classification: _____ Years, _____ Months

Describe Your Duties in this Classification:

Classification Requested: _____

Length of Experience in this Classification: _____ Years, _____ Months

Describe Your Duties in this Classification:

Classification Requested: _____

Length of Experience in this Classification: _____ Years, _____ Months

Describe Your Duties in this Classification:

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at

EGLE-NondiscriminationCC@Michigan.gov or 517-249-0906.

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