



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

**APPLICATION FOR A-1A (SPECIAL) AND A-1H (NON-CONTACT COOLING WATER) CERTIFICATION**

*By authority of 1994 PA 451, as amended.*

**General Application Information and Instructions**

If you have any questions pertaining to your Facility Classification, contact the [EGLE District Office](#) for your area.

**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** A minimum of six (6) months operational experience in this classification is required before obtaining certification. 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. 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 and Submission Instructions – The exam fee is \$30.**

- To pay by credit card, visit [EGLE's Industrial Wastewater Payment Website](#). The payment certification is **OpCert22!**
- Email your completed form to [EGLE-WRD-OpCert@Michigan.gov](mailto:EGLE-WRD-OpCert@Michigan.gov)
- To pay by check, please contact [EGLE-WRD-OpCert@Michigan.gov](mailto:EGLE-WRD-OpCert@Michigan.gov) and we will provide the appropriate payment form.

**Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
W-Number (if applicable): \_\_\_\_\_

**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: \_\_\_\_\_

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**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: \_\_\_\_\_

**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.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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.

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

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