

Connecticut Department of Public Health Drinking Water Section

<u>APPLICATION: CERTIFICATION EXAMINATION – SMALL WATER SYSTEM OPERATOR</u>

Examination Date:							
APPLICANT'S CONTACT INFORMATION							
		Initial	First Name				
Company Name (can be left blank)							
Address Line 1 (St. Address or P.O. Box #)							
Address Line 2 (Apt. #, Suite #, Box # - ca	City		ST	Zip			
Email	Telephone	Telephone					
Fax	Cell Phone	Cell Phone					
Social Security Number*		Date of Birth					
APPLICANT'S STATEMENT OF CERTIFICATION: I certify that the information that I have provided in this application is correct and I understand that any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes. Applicant's Printed Name Applicant's Signature Date signed APPLICANT'S CURRENT CT DPH OPERATOR CERTIFICATION STATUS (Check all that apply) Check Re-application box if you are applying for an exam that you have previously been approved to take and indicate the prior exam date: active certification, or inactive certification Re-application Prior exam date Backflow Preventer Tester Tester/Inspector DEMONSTRATE COMPLETION OF HIGH SCHOOL EDUCATION One of the following documents must be submitted to demonstrate that the applicant has completed a high school level of education: (Check off one of the following the documents that is included with this application) a copy of your high school diploma high school equivalency diploma (GED) high school or post-high school transcript post-high school diploma letter from high school verifying graduation Other:							
FOR STATE USE ONLY			of Experience:				
Received Date Stamp	Substantiated Completed High S		ol Education:				
	Written Test Score:						
	Issued Certification Number:						
Effective Date:							
Envl. Post Mark(PM) Date:/		Ex	piration Date:				
Attach Envl. If PM is after application deadline		Internal Ch	neck Number:				



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Verification of Public Water System (PWS) Operator Work Experience

Applicants Last Name:	First:						
Applicants Last Name:	Filst.						
Applicants Job Title:							
Public Water System (PWS) ID:							
Name of PWS where applicant gained water operator experie							
Length/Period of applicant's experience operating the above named PWS:	DATES - From: To: (write in "To Present" if currently operating)						
Applicant's Employment Status (during the length of time listed above) [full time employee or							
Check off only the activities the applicant routinely performed for the above named PWS and listed period. NOTE: CHECKING ALL BOXES ISN'T NECESSARY TO DEMONSTRATE THE REQUIRED AMOUNT OF EXPERIENCE.							
OPERATE □ Collect or Oversee the Collection of Water Sate □ Flush, Clean, Disinfect Distribution System □ Conduct or Oversee and Maintain a Record O Installations, Maintenance and Repairs to Sy □ Perform Routine Chemical/Turbidity Tests □ Review Test Results for Compliance With Established Standards □ Make Corrections Following Investigations of Quality and/or Quantity Problems □ Maintain and Arrange for the Calibration of Instrumentation Associated with the Operation the Water System □ Respond To Emergencies According to an up Date Emergency Response Plan □ Record, Where Meters Are Required, the Quantle And Instantaneous Flow of Water □ Maintain & Repair Piping & Storage Tank(s) □ Maintain & Repair Instrumentation □ Exercise Valves □ Replace Cartridge Filter □ Conduct Routine On-Site Inspections for Issue Sanitary Significance or Potential Security Vulnerability	(i.e. water quality, sampling site plan, well production logs, Consumer Confidence Reports) Issue Public Notifications Following Violations Respond to Customer Complaints Schedule Routine Maintenance Maintain Spare Parts & Chemical Inventory Prepare Budgets Prepare Budgets Prepare &/or Maintain Emergency Response Plans Evaluate PWS Compliance with Regulations and industry standards Keep Accurate Records Accompany CT DPH during Inspections / Sanitary Surveys Develop or Participate in the Development of Plans for the Installation or Modification of Wells, Storage Tanks, or Distribution System Piping						
CHIEF OPERATOR and/or SUPERVISOR VERTIFICATION: I verify that the applicant's water operator experience as described on this page is correct and understand that if I am a certified operator, any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.							
Printed Name Signature	Title Date Phone						



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Demonstrate Educational Training as a Substitution for Experience

This page of the application is only to be completed by the applicant if the applicant has completed CT DPH approved educational training and where the applicant requests the CT DPH evaluate this training towards meeting the minimum 6 months of water operator experience requirement.

The following summarizes the required experience and experience substitution requirements for applicants of the Small Water System Operator Examination:

Small Water System Operator

Required Experience: 6 months of experience in operation of a small water system, distribution system or treatment plant,

Experience Substitution: 20 or more training hours (TCHs) that is deemed acceptable to the DPH (note: 1.0 CEU = 10 TCHs; 1 college credit is equivalent to 15 training hours)

These 20 (or more) hours must be completed no more than 3 years prior to the exam date for which the applicant is applying and must include all of the following subject areas:

- Sources (including source protection)
- Basic water treatment (groundwater)
- Pumps
- Water quality
- Distribution system operation & maintenance (including cross connection control, disinfection, metering)
- Sampling
- Customer service
- Regulations
- Operator safety
- Management (financial, administration, personnel, emergency planning)
 Security issues shall be an integral part of the training and covered under the appropriate subject areas.

List the educational training that the applicant request to be accepted towards meeting the above listed criteria.

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Dates	Training Provider, College Name	TCHs / CEUs or College Credit	Training Course Name			

For individual college or training course work listed above, the applicant must include copies of transcripts or certificates (including course descriptions) along with this application. For earned college degrees a copy of the diploma or transcript, which documents the earned degree, must be submitted with the application.