



# APPLICATION FOR WATER AND/OR WASTEWATER OPERATOR CERTIFICATION EXAMINATION

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF MUNICIPAL FACILITIES  
SFN 16403 (1-2016)

## I. Important Instructions – Read Before Completing Application

- Type or print legibly **AND** attach additional sheets of paper to this application if more space is needed to fully answer any question(s).
- Applicant may apply for certification in water treatment, water distribution, wastewater treatment, or wastewater collection on this form.
- Applicant may write a maximum of two examinations per session if class II or lower.
- Each statement and fact supplied by the applicant must be true and correct.
- Information provided under Operator Work Experience is used to determine eligibility of applicant to take the examination.
- Questions may be directed to Craig Bartholomay, Certification Officer, at 701.328.6626.

## II. General Information

Name:			
Email:		Telephone Number:	
Home Address:		City:	State: Zip Code:
Present Employer:		Population Served:	Business Telephone Number:
Employer's Address:		City:	State: Zip Code:
Your Position Title:		Status: (Check One) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	

## III. Registration - Check the Certification Examination(s) below that you are applying for.

Water Treatment Plant Operator:	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Water Distribution System Operator:	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Wastewater Treatment Plant Operator:	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Wastewater Collection System Operator:	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Exam Date:	Location:		For Reciprocity Applications		
Retest: Yes <input type="checkbox"/> No <input type="checkbox"/>			State:	Grade:	

## IV. Education

Name of High School:			Year Graduated and/or Highest Grade Completed:		
College or University	Dates Attended	Major	Minor	Degree Obtained	Year of Graduation

**V. Operator Work Experience**

Beginning with your present or most current employment and work backward, list your water and wastewater work experience in detail so that we can fairly and accurately evaluate your employment history. **Attach additional sheets of paper to this application if more room is needed** to fully answer questions under Specific Duties Performed. For seasonal or part-time work, indicate the number of hours worked per week in the appropriate column.

Dates Employed Month/Year to Month/Year	Employer Name and Address	Hours/Week (if seasonal/part time)	Specific Duties Performed – Use additional paper and attach to this application or attach resume

Direct Responsible Charge (DRC) means full and active performance of onsite operation of water or wastewater facilities. DRC can be accomplished in four different ways (see boxes to the right of question below). DRC does not necessarily mean full-time presence at facilities. Individuals or entities are not deemed to have DRC unless their specific job duties include active, onsite operation of water or wastewater facilities.

Are you an operator in DRC? Yes <input type="checkbox"/> No <input type="checkbox"/>	Responsible for technical support of facility or system and provides direction to other operators <input type="checkbox"/>
	On site or on call during shift operations <input type="checkbox"/>
	Responsible for the operation of a major segment of a facility or system <input type="checkbox"/>
	The sole person employed as the facility or system operator <input type="checkbox"/>
Date Started DRC: _____	

In the table below, check the appropriate letter (P or C) to indicate previous position "P" or current position "C". If appropriate, list in the box provided a number to identify your experience with various systems (for example, 8 # of wells P  C ).

WATER TREATMENT				WASTEWATER TREATMENT			
Chlorination	P <input type="checkbox"/>	C <input type="checkbox"/>		Stabilization Ponds	P <input type="checkbox"/>	C <input type="checkbox"/>	
Fluoridation	P <input type="checkbox"/>	C <input type="checkbox"/>		Aerated Ponds	P <input type="checkbox"/>	C <input type="checkbox"/>	
Sequestering	P <input type="checkbox"/>	C <input type="checkbox"/>		Oxidation Ditches	P <input type="checkbox"/>	C <input type="checkbox"/>	
Corrosion Control	P <input type="checkbox"/>	C <input type="checkbox"/>		Activated Sludge	P <input type="checkbox"/>	C <input type="checkbox"/>	
Chemical Softening and Filtration	P <input type="checkbox"/>	C <input type="checkbox"/>		Trickling Filter	P <input type="checkbox"/>	C <input type="checkbox"/>	
Reverse Osmosis	P <input type="checkbox"/>	C <input type="checkbox"/>		Rotating Biological Contractor	P <input type="checkbox"/>	C <input type="checkbox"/>	
Iron and Manganese Removal	P <input type="checkbox"/>	C <input type="checkbox"/>		Sludge Stabilization	P <input type="checkbox"/>	C <input type="checkbox"/>	
Coagulation, Sedimentation, Filtration	P <input type="checkbox"/>	C <input type="checkbox"/>		Other:	P <input type="checkbox"/>	C <input type="checkbox"/>	
Other:	P <input type="checkbox"/>	C <input type="checkbox"/>					
WATER DISTRIBUTION				WASTEWATER COLLECTION			
Average Daily Volume (GPD)	P <input type="checkbox"/>	C <input type="checkbox"/>		Average Daily Volume (GPD)	P <input type="checkbox"/>	C <input type="checkbox"/>	
# of Service Connections	P <input type="checkbox"/>	C <input type="checkbox"/>		# of Service Connections	P <input type="checkbox"/>	C <input type="checkbox"/>	
# of Pumping Stations	P <input type="checkbox"/>	C <input type="checkbox"/>		# of Industrial Connections	P <input type="checkbox"/>	C <input type="checkbox"/>	
# of Storage Facilities	P <input type="checkbox"/>	C <input type="checkbox"/>		# of Storm Water Connections	P <input type="checkbox"/>	C <input type="checkbox"/>	
Water Supply				Lift Stations			
# of Wells	P <input type="checkbox"/>	C <input type="checkbox"/>		# of Submersible Type	P <input type="checkbox"/>	C <input type="checkbox"/>	
# of Springs	P <input type="checkbox"/>	C <input type="checkbox"/>		# of Wet Well/Dry Well	P <input type="checkbox"/>	C <input type="checkbox"/>	
Name of Surface Water:				# of Air (Pneumatic)	P <input type="checkbox"/>	C <input type="checkbox"/>	
Name of Rural Water:				# of Package Type	P <input type="checkbox"/>	C <input type="checkbox"/>	

**VI. References** – List three references who can confirm your operating experience (i.e. city official, job foreman, etc).

Name:	Address:	Telephone:

**VII. Signature - Applicant and Supervisor**

The information I have provided above is correct to the best of my knowledge.

Applicant Signature	Date	Supervisor Signature	Date
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# Application for Water/Wastewater Operator Certification Examination

## Frequently Asked Questions

### Am I qualified to take an Operator Certification Examination?

- To qualify to take an operator certification examination, you must have, as a minimum, a high school diploma or equivalent (GED), meet certain experience requirements, and not have any unpaid operator certification fees with the Department.
  - ✓ Experience requirements depend on the class of facility/system for which certification is desired. For example, to take a class IA examination and become a certified grade IA operator, you must have at least six months of acceptable operation experience of a class IA or higher facility system. Acceptable operation experience means actual hands-on operational experience as an employee of a facility/system. Water and wastewater facilities are classified as IA, I, II, III or IV depending on complexity and/or population served.
  - ✓ Experience requirements for a class II, III and IV facilities/systems include 1 to 2 years in a position of direct responsible charge.

### How do I apply to take an Operator Certification Examination?

- The completed application must be mailed to the following address:  
North Dakota Department of Health  
Division of Municipal Facilities, C/O Certification Officer  
2639 East Main Avenue  
Bismarck, ND 58501
- To ensure processing of the application, send at least three to four weeks prior to examination date. Unreadable, incomplete, and late applications will be returned once. Problems with the application will be highlighted. Deadline for receipt of completed application by the Department's Certification Officer is 15 days prior to the requested examination date. **There are no exceptions.**
- Applying to take an examination does not register an operator for training sessions. Likewise, registering for training sessions is separate from applying for examinations.
- When filling out Section V of the application, please follow the guidance below for completing "Specific Duties Performed".

### Section V. Operator Work Experience, how should I complete "Specific Duties Performed"?

**On a separate sheet of paper or resume list specific duties performed on the job.** Attach the paper or resume to your examination application. Examples of some specific duties performed per area are listed below. Add others as applicable.

Water treatment – Start up, shut down and periodic operating checks of plant equipment, such as pumping systems, chemical feeders, auxiliary equipment, and measuring and control systems. Perform preventive maintenance of all equipment. Maintain plant records. Collect samples and perform laboratory testing. Perform computer data entry. Backwash filters. Make safety checks. Provide daily cleaning of plant. Monitor wells. Perform well drawdown tests, etc.

Water distribution – Operate and maintain valves. Maintain and repair fire hydrants. Flush fire hydrants. Collect samples. Maintain distribution records. Perform chlorine tests. Read meters. Maintain and repair meters. Monitor and maintain water storage facilities. Fix and repair water mains and breaks. Provide routine maintenance of pumps and pumping facilities. Maintain an inventory of spare parts for systems, etc.

Wastewater treatment – Daily operation and maintenance of mechanical wastewater treatment system and/or pond system. Transfer of wastewater between cells. Discharge wastewater. Maintain dike and fence repairs, mowing weeds and vegetation control. Carry out record keeping operation and maintenance of valves. Check freeboard and operation and maintenance of all mechanical equipment. Erosion and seepage control. Control animal activity and provide safety checks, etc.

Wastewater collection – Maintain and operate sewers, manholes and pipelines. Repair sewer breaks. Replace and repair sewer lines. Inspect and/or installation of new service lines or service connections. Operate and maintain lift stations, Maintain and repair pumps and valves. Record keeping, safety checks, operation of high-velocity cleaning machines, rodders and vacuum pumps, etc.

### **How do I know that I have been approved to write an examination?**

- All applicants will receive either a confirmation or refusal letter, stating why they are ineligible to write the examination, from the Department. It is the applicant's responsibility to follow up if a letter is not received.
- Ineligible applicants receiving a refusal letter should follow up with the Certification Officer.

### **Can I make a request to change the date of an examination?**

- **Applicants are encouraged to take the test on the date for which they applied.**
- Remember, it is recommended that the application be sent well in advance of the test date.
- Re-scheduling of an examination will be up to the Certification Officer.
- If you do not show up to write an examination on the date for which you applied, rescheduling will be at the Department's discretion.

### **How do I pay my application fees?**

- **Do not send payment with this application.** Payment is only accepted on the date and time of the scheduled examination.
- Make your check for \$10.00 per exam payable to the North Dakota Department of Health. Checks must be drawn on U.S. banks. Any non-U.S. bank will not be accepted.
- If paying with cash, bring exact amount.
- Remember, payment for training sessions is separate and cannot be included on the check for examinations.

### **What is an acceptable photo ID?**

- Applicant is responsible for bringing an acceptable photo ID each time they report to write an exam.
- Photo ID's must bear an applicant's full, legal name and a recognizable photograph that clearly matches applicant's appearance on test day.
- Photo ID's must be in good condition, with clearly legible English language text.
- Examples of acceptable photo ID include: government-issued driver's license or non-driver ID card, official school-produced student identification card from the school you currently attend, government-issued passport or government-issued military identification card.
- Examples of unacceptable photo ID include: birth certificate, social security card, employee ID card or any other temporary ID card with or without photo attached.

### **What do I need to bring when I report to write an examination?**

- Admittance into the examination room requires the following items:
  - ✓ Confirmation letter
  - ✓ Photo ID
  - ✓ Check to the North Dakota Department of Health or exact cash for all examination fees

### **What can I bring into the examination room with me?**

- Extra pencils
- Simple calculator(s)