

Application for Certification

Grandparenting

Water Treatment Plant or Distribution System Operator

INSTRUCTIONS

1. Type or Print - No pencil/felt tip pen.
2. Application must be completed entirely before action can be initiated.
3. Application must be completed by system owner and operator in responsible charge.
4. Attach good quality copies of high school/equivalency diploma and/or college transcripts.
5. Be sure to sign and date your application.
6. Submit to district, county or city office of New York State Health Department.

**FOR BUREAU OF PUBLIC WATER
 SUPPLY PROTECTION USE ONLY**

GRADE: _____
 EXPIRATION DATE: ____/____/____
 EFFECTIVE DATE: ____/____/____
 COUNTY OF EMPLOYMENT: _____
 OTHER: _____

1. System Name:	2. Classification of System:	
3. Owner's: (Last) _____ (First) _____ (MI) _____	4. Home phone () _____ Work phone () _____	
5. System mailing (Street) _____ (City) _____ (State) _____ (Zip) _____ address:		

6. Check process(es) used at the system

WATER: <input type="checkbox"/> CORROSION CONTROL	<input type="checkbox"/> CHLORINATION	<input type="checkbox"/> GRAVITY RAPID SAND	<input type="checkbox"/> OTHER PROCESSES:
<input type="checkbox"/> CHLORINE-AMMONIA	<input type="checkbox"/> FLUORIDATION	<input type="checkbox"/> DIATOMACEOUS EARTH	<input type="checkbox"/> _____
<input type="checkbox"/> CHLORINE-DIOXIDE	<input type="checkbox"/> COAGULATION	<input type="checkbox"/> SLOW SAND FILTRATION	<input type="checkbox"/> _____
<input type="checkbox"/> SOFTENING-ZEOLITE	<input type="checkbox"/> PRESSURE FILTRATION	<input type="checkbox"/> IRON AND MANGANESE REMOVAL	<input type="checkbox"/> _____
<input type="checkbox"/> SOFTENING-OTHER	<input type="checkbox"/> ACTIVATED CARBON	<input type="checkbox"/> _____	<input type="checkbox"/> _____

7. Population served:	8. Source of water	9. Maximum design rate of your current plant in MGD:
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10. List all violations that have occurred at this plant in the last ten years including reasons for the violations (Attach additional sheets if needed):

Violations	Date of Violation	Reason for Violation

OPERATOR IN RESPONSIBLE CHARGE INFORMATION

11. Social Security # <input style="width: 15px; height: 15px;" type="text"/>	12. Grade requested	
13. Name (Last) _____ (First) _____ (MI) _____	14. Home phone () _____ Work phone () _____	
15. Home mailing (Street) _____ (City) _____ (State) _____ (Zip) _____ address		
16. Have your qualifications been previously approved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, grade level _____, Certificate No. _____ Last year in which certificate was held. _____		

EDUCATION

17. Attach copies of diplomas/college transcripts

Name of School	Location	Graduate		Dates Attended	Type of Degree	Major Subject
		Yes	No			
High School • Diploma/Equivalency						
NYS Oper. Trng. School						
College						
Other						

18. Water Treatment Plant or Distribution System Operating Experience

LIST MOST RECENT FIRST. INDICATE SUPERVISORY DUTIES. ATTACH ADDITIONAL SHEETS IF NEEDED.

FROM /	TO /	YOUR TITLE OR POSITION	SUPERVISOR'S NAME	TITLE
EMPLOYER		EMPLOYER'S ADDRESS		
EXPLAIN DUTIES				
/	/	YOUR TITLE OR POSITION	SUPERVISOR'S NAME	TITLE
EMPLOYER		EMPLOYER'S ADDRESS		
EXPLAIN DUTIES				
/	/	YOUR TITLE OR POSITION	SUPERVISOR'S NAME	TITLE
EMPLOYER		EMPLOYER'S ADDRESS		
EXPLAIN DUTIES				

CERTIFICATE OF APPLICANT *(read carefully before signing)*

I certify that all information provided in this application for certification as a grandparented water treatment plant operator/distribution system operator is true. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a water treatment plant operator/distribution system operator in accordance with Subpart 5-4 of the New York State Sanitary Code.

Signed _____ Date ____/____/____
(signature of owner of system)

Signed _____ Date ____/____/____
(signature of operator in responsible charge)

APPLICANT DO NOT WRITE BELOW THIS LINE

DISTRICT, COUNTY OR CITY OFFICE System History *(include information from SDWIS Database)* Attach additional sheets if needed:

On-Site Verification of Operator Experience:

By _____ Title _____ Date ____/____/____

- Does the operator have the knowledge to operate the system? Yes No
 Does the operator have the skills to operate the system? Yes No
 Does the operator have the ability and judgement to operate the system? Yes No

Approved For grandparented certification in _____ Under code section _____
 Disapproved *(grade)*

For the following reasons: _____

By _____ Title _____ Date ____/____/____

Indicate name and address of officials who should receive a copy of the correspondence:

1. _____ 2. _____

CENTRAL OFFICE

Approved For grandparented certification in _____ Under code section _____
 Disapproved *(grade)*

For the following reasons: _____

By _____ Title _____ Date ____/____/____