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Return to:

State of Wisconsin
Department of Natural Resources
Operator Certification Program EA/7
PO Box 7921, Madison WI 53707-7921

Wastewater Operator Certification Experience

Form 3400-066A (R 10/19)

Notice: Pursuant to ss. 281.17 and s. 281.98, Wis. Stats., and s. NR 114.59, Wis. Adm. Code, the department may seek penalties, or may revoke, suspend or refuse to renew a certification for reasons such as making false statements on this form. Wastewater operators may use this form to document experience required under s. NR 114.57, Wis. Adm. Code, for a certification grade level. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Laws (ss. 19.31-19.39, Wis. Stats.).

If this form is incomplete, experience will be denied. Mail completed form to your regional coordinator. Find your regional coordinator online at <http://dnr.wi.gov> and search keywords "Operator certification"

Operator Information

Last Name		First	MI	Certification Number (WI only)	
Street Address (Home)					
City (Home)				State	ZIP Code
Work Phone Number	Home Phone Number	Cell Phone Number	E-mail Address		

Wastewater Treatment Plant Information – Please use a separate form for each treatment facility where you have been employed

Wastewater Treatment Plant Name

Street Address

City

Permit Number (WI Only)	FID Number (WI only)	WWTP Design Population	WWTP Design Flow (MGD)
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Employment Dates at This WWTP (MM/DD/YYYY to MM/DD/YYYY) Hours per Week at This WWTP

Were you or are you the Operator in Charge? If YES, in what subclasses? (WI only)

Yes No

(Design information should be in your facility plan and/or O & M manual. You can estimate the design information if you do not know it or cannot get it.)

WWTP Operations and Processes:

(Describe, draw or attach the treatment train at this facility from headworks to effluent discharge)

Signatures

Signature of Applicant		Date
I hereby certify that the above applicant has performed hands-on operations and maintenance (O&M) experience as claimed or provided daily on-site technical supervision of the operator(s) who perform those duties.		
Signature of Supervisor		Date
Print Supervisor 's Name	Supervisor's Title	Supervisor's Daytime Phone Number

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General Wastewater Experience. One year of experience is based on full-time work at a treatment plant or 1000 hours of cumulative experience for part-time operators

- 4+ years of general wastewater experience (is not subclass specific)
- 5+ years of general wastewater experience (is not subclass specific)
- 6+ years of general wastewater experience (is not subclass specific)

(If you are **applying for the fourth, fifth or sixth year of general wastewater experience ONLY** you do not need to fill out the boxes below).

Subclass Wastewater Experience

The first year of wastewater experience is subclass specific. Check those subclasses below in which you have accumulated at least one year of hands-on operational experience at this wastewater facility. **Check only those subclasses that apply to this facility. Use separate form for each facility.** Please also describe the tasks you performed in this subclass, the dates you performed these tasks and how often you did them.

Education cannot be substituted for hands-on experience.

EXPERIENCE CLAIMED MUST BE ACTUAL HANDS-ON OPERATION & MAINTENANCE (O&M) EXPERIENCE OR DAILY, ON-SITE TECHNICAL SUPERVISION OF THE OPERATOR(S) WHO PERFORM THOSE DUTIES. O&M experience cannot be claimed for lab analysis and monitoring (except in the lab subclass), engineering experience that is not directly O&M related, or for management level experience that is not directly involved with the day-to-day O&M tasks.

Biological Treatment - Suspended Growth Processes (Subclass A1)

<i>Task Description</i> Example: Aeration system maintenance; sludge return and wasting; process control monitoring (MLSS, settling tests, SVI, F:M ratios)	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Biological Treatment - Attached Growth Processes (Subclass A2)

<i>Task Description</i> Example: Distribution arm maintenance; adjust recirculation rates; strip or flood media for biomass growth control	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Biological Treatment - Recirculating Media Filters (Subclass A3)

<i>Task Description</i> Example: Weed control of media filter beds; adjust recirculation and dosing rates; dosing pumps maintenance	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Biological Treatment - Ponds, Lagoons and Natural Systems (Subclass A4)

<i>Task Description</i> Example: Maintain blowers; dike mowing and vegetation control; exercise valves regularly	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Biological Treatment - Anaerobic Treatment of Liquid Waste (Subclass A5)

<i>Task Description</i> Example: Maintain all pumps; process control tests to adjust operations; maintain gas collection system	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Solids Separation (Subclass B)

<i>Task Description</i> Example: Maintain clarifier motors and drives; backwash tertiary filters; maintain sludge collection mechanisms (scrapers, skimmers)	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Biological Solids/Sludge – Handling, Processing and Reuse (Subclass C)

<i>Task Description</i> Example: Operate and maintain belt thickeners; process control monitoring tests; landspread sludge	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Disinfection (Subclass D)

<i>Task Description</i> Example: Clean and change UV lamp; maintain chemical feed pumps and piping; determine chlorine dosages or UV intensities	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Laboratory (Subclass L)

<i>Task Description</i> Example: Experience performing testing for which the facility holds accreditation (certification or registration)	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Nutrient Removal - Total Nitrogen (Subclass N)

<i>Task Description</i> Example: Monitor and maintain anoxic zones; process control monitoring tests	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Nutrient Removal - Total Phosphorus (Subclass P)

<i>Task Description</i> Example: Maintain chemical feed pumps; monitor and operate anoxic and anaerobic zones; process control monitoring tests	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Unique Treatment Systems (Subclass U)

<i>Task Description</i> Example: Maintenance tasks for unique treatment system; pump/motor maintenance; perform process control monitoring tests	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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Sanitary Sewage Collection System (Subclass SS)

<i>Task Description</i> Example: Clean sewer lines; operate & maintain lift stations; implement CMOM program	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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DNR Use Only: Experience Approved (Check all that apply)

Operator Contacted: <input type="radio"/> Yes <input type="radio"/> No	Date and Time
Supervisor Contacted: <input type="radio"/> Yes <input type="radio"/> No	Date and Time
1 year experience in: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> L <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> U <input type="checkbox"/> SS	Initial and Date
General Wastewater Experience <input type="radio"/> 4+ yrs <input type="radio"/> 5+ yrs <input type="radio"/> 6+ yrs	Initial and Date

Reason(s) if denied or Additional Comments