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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

Waterworks Operator Certification Experience
Form 3400-066B (R 02/22)

Notice: Pursuant to ss. 281.17 and s. 281.98, Wis. Stats., and s. NR 114.14, 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. Waterworks operators may use this form to document experience required under s. NR 114.09, 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		

Plant Information

Facility Name					
Street Address					
City				State	ZIP Code
Public Water Supply ID Number	Employment Dates (MM/DD/YYYY to MM/DD/YYYY)			Hours per Week (hrs)	

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

Yes No

I hereby certify that the information contained in this application and attachments truly and correctly describes the work I have done.

Signatures

Signature of Applicant		Date
I hereby certify that the above applicant has performed the work activities for which experience is claimed.		
Signature of Supervisor		Date
Print Supervisor 's Name	Supervisor's Title	Supervisor's Daytime Phone Number

Subclass Waterworks Experience

All waterworks experience is subclass specific and the highest grade level is 1. Check and complete the boxes below for the subclass(es) for which you have at least one year of experience and that has not been credited to your record. Also describe the tasks you performed in this subclass, the time period you performed these tasks and how often you did them.

Groundwater (Subclass G)

Task Description <i>Example: Measure water levels, collect samples</i>	Time Period <i>(from MM/YYYY to MM/YYYY)</i>	Frequency of Task <i>daily, 2x/week, monthly?</i>
	-	
	-	
	-	
	-	
	-	

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Distribution (Subclass D)

<i>Task Description</i> Example: Perform chemical addition, flush hydrants	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
	-	
	-	
	-	
	-	
	-	

Surface Water (Subclass S)

<i>Task Description</i> Example: Check media, test bacti, turbidity etc.	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
	-	
	-	
	-	
	-	
	-	

Iron Removal (Subclass I)

<i>Task Description</i> Example: Regulate oxidant, choline, air	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
	-	
	-	
	-	
	-	
	-	

Lime Softening (Subclass L)

<i>Task Description</i> Example: Adjust chemical feed rate, backwash filters	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
	-	
	-	
	-	
	-	
	-	

Zeolite Removal (Subclass Z)

<i>Task Description</i> Example: Check media, backwash	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
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	-	
	-	
	-	
	-	

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VOC Removal (Subclass V)

<i>Task Description</i> Example: Monitor air discharge and GAC disposal	<i>Time Period</i> (from MM/YYYY to MM/YYYY)	<i>Frequency of Task</i> daily, 2x/week, monthly?
	-	
	-	
	-	
	-	
	-	

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"/> G <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> Z <input type="checkbox"/> V	Initial and Date

Reason(s) if denied or Additional Comments