

ES-51
(06/06)
DHHR

Complete and Return to:
OEHS - Env Eng Division
Certification & Training Section
Capitol & Washington Streets
1 Davis Square, Suite 200
Charleston, WV 25301-1798
Fax 304-558-4322 Phone 558-6988

Application for WasteWater Treatment Works (WWTW)

Operator - In - Training (OIT)
(Print or Type All Responses)

-----Initial OIT or -----Renewal

Chief Operator must review for completeness and submit this application within 30 days of new employee hire

Full Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone No: _____

YOU MUST PROVIDE PROOF OF YOUR EDUCATION

Applicant's Age: _____

Applicant's Education Level: (Mark One & Provide Proof)

____ HS, GED or EDP

____ 1-2 Years College/Vocational

____ 3-4 Years College

____ Full Baccalaureate Degree or higher

WORK EXPERIENCE AS WASTEWATER TREATMENT WORKS OPERATOR

Employer/Facility Name: _____ Employment Start Date: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Employer Phone No: _____ Employer Fax No: _____

Please mark the spaces below that refer only to your operational duties:

____ Primary Treatment

____ RBC System

____ Stabilization Pond

____ Chlorination

____ Activated Sludge Types

____ Anaerobic Digestion

____ UV disinfection

____ Solids Dewatering

Other duties: (Please Specify) _____

Please estimate how many total hours per week you perform treatment duties as marked above.

____ 2-5, ____ 6-10, ____ 11-15, ____ 16-20, ____ 21-25, ____ 26-30, ____ 31-35, ____ >35

THE APPLICANT AND THE CHIEF OPERATOR MUST COMPLETE THE INFORMATION OR THE APPLICATION WILL BE RETURNED AS INCOMPLETE. ANY FALSE STATEMENTS OR DOCUMENTS PERTAINING TO THIS APPLICATION ARE GROUNDS FOR DENIAL OF CERTIFICATION AND REVOCATION OF CHIEF OPERATOR'S CERTIFICATION.

Applicant's Signature: _____ Date: _____

Chief Operator's Signature: _____ Class: ____ Certification # _____ Date: ____