

**WEST VIRGINIA BUREAU FOR PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL ENGINEERING DIVISION
350 Capitol Street, Room 313
Charleston, West Virginia 25301-3713**

☐ **CLASS 1D TRAINING COURSE – APPLICATION FOR CERTIFICATION AND EXAMINATION**

☐ **CLASS 1D WATER OPERATOR – APPLICATION FOR RENEWAL**

PLEASE PRINT. COMPLETE ALL SPACES. INDICATE N/A (NOT APPLICABLE) ON ANY SPACE THAT DOES NOT APPLY TO YOU. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Full Name (Include Middle Initial) _____

Mr., Mrs., or Miss _____ Date of Birth: ____/____/____ (mm/dd/yyyy)

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

Telephone Number (Home): _____ (Work): _____

Education: What Is The Highest Grade You Have Completed? _____ ***Must have completed eight (8th) grade***

Name of Water System You Will be Treating / Sampling water for: _____

Classification of system: 1D ☐ transient system – **1D OPERATORS MAY ONLY TREAT WATER AT A 1D TRANSIENT GROUNDWATER SYSTEMS.**

GWUDI AND SURFACE TANSIENT SYSTYEMS ARE CLASSIFIED AS CLASS II. WD ☐ Class I through IV ☐

System Address: _____ City: _____ State: _____ Zip: _____ County: _____

(This must be the address where you treat or test water, NOT the address of the owner. Address must be complete: Street or PO Box)

Is this a new system? (Y/N) _____ Has a PWSID Number Been Assigned? (Y/N) _____ If Yes, List: WV _____

Have You Been Previously Certified as a 1D Operator?(Y/N) _____ If Yes, When? _____

Do You Currently Hold Any Other Water Certification (Y/N) _____ If Yes, Class/Cert. No. _____

All information supplied must be true and accurate to the best of your knowledge. As directed by the WV Public Water Systems Operator Regulations, fraudulent applications will be grounds for immediate certification revocation.

Your Signature Here _____ Date _____

INSTRUCTIONS FOR EXAMINATION ONLY

- READ CAREFULLY-

THIS EXAMINATION IS DESIGNED TO TEST YOUR KNOWLEDGE OF PUBLIC WATER SYTEMS OPERATIONS. FILL IN THE CORRECT BUBBLE ON THE ANSWER SHEET FOR EACH QUESTION. IF YOU NEED TO ERASE, PLEASE ERASE THOROUGHLY SO THERE WILL BE NO CONFUSION BETWEEN THE OLD ANSWER AND THE NEW ONE. IF AT ANY TIME YOU DO NOT UNDERSTAND THE QUESTION, CONTACT THE TEST ADMINISTRATOR FOR HELP.

CENTRAL OFFICE USE ONLY

Exam No. _____ Class 1D Date _____ Location of Class _____

Date Graded _____ Grader's Initials _____ Exam Grade _____

Certificate No. _____ Date Certified _____