



Connecticut Department of Public Health
Drinking Water Section

APPLICATION: CERTIFICATION EXAMINATION – SMALL WATER SYSTEM OPERATOR

APPLICANT'S CONTACT INFORMATION			
Last Name	M. Initial	First Name	
Company Name (can be left blank)			
Address Line 1 (St. Address or P.O. Box #)			
Address Line 2 (Apt. #, Suite #, Box # - can be left blank)	City	ST	Zip
Email	Telephone		
Fax	Cell Phone		
Social Security Number*	Date of Birth		

APPLICANT'S STATEMENT OF CERTIFICATION:

I certify that the information that I have provided in this application is correct and I understand that any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

_____ Applicant's Printed Name Applicant's Signature Date signed

APPLICANT'S CURRENT CT DPH OPERATOR CERTIFICATION STATUS

- (Check all that apply)
- not currently certified
- active certification, or inactive certification
- Backflow Preventer Tester
- Tester/Inspector

RE-APPLICATION

Check Re-application box if you are applying for an exam that you have previously been approved to take and indicate the prior exam date:

Re-application Prior exam date _____

DEMONSTRATE COMPLETION OF HIGH SCHOOL EDUCATION

One of the following documents must be submitted to demonstrate that the applicant has completed a high school level of education: **(Check off one of the following the documents that is included with this application)**

- | | |
|---|--|
| <input type="checkbox"/> a copy of your high school diploma | <input type="checkbox"/> high school equivalency diploma (GED) |
| <input type="checkbox"/> high school or post-high school transcript | <input type="checkbox"/> post-high school diploma |
| <input type="checkbox"/> letter from high school verifying graduation | |
| <input type="checkbox"/> Other: _____ | |

FOR STATE USE ONLY		
Received Date Stamp	Substantiated Length of Experience:	
	Substantiated Completed High School Education:	
	Written Test Score:	
	Issued Certification Number:	
	Effective Date:	
	Expiration Date:	
Envl. Post Mark(PM) Date: ____/____/____		
Attach Envl. If PM is after application deadline	Internal Check Number:	



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Verification of Public Water System (PWS) Operator Work Experience

Form with fields for: Applicants Last Name/First, Applicants Job Title, Public Water System (PWS) ID, Name of PWS where applicant gained water operator experience, Length/Period of applicant's experience operating the above named PWS, DATES - From/To, Applicant's Employment Status (full time employee or part time).

Check off only the activities the applicant routinely performed for the above named PWS and listed period. NOTE: CHECKING ALL BOXES ISN'T NECESSARY TO DEMONSTRATE THE REQUIRED AMOUNT OF EXPERIENCE.

OPERATE

- List of 18 tasks related to operating a water system, each with a checkbox (e.g., Collect or Oversee the Collection of Water Samples, Flush, Clean, Disinfect Distribution System).

ADMINISTRATION

- List of 11 tasks related to water system administration, each with a checkbox (e.g., Complete Operation Reports/Data Entry, Issue Public Notifications Following Violations).

Other (if necessary list other water operator work duties the applicant has routinely performed):

Three horizontal lines provided for listing other duties.

CHIEF OPERATOR and/or SUPERVISOR VERIFICATION:

I verify that the applicant's water operator experience as described on this page is correct and understand that if I am a certified operator, any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

Printed Name Signature Title Date Phone



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Demonstrate Educational Training as a Substitution for Experience

This page of the application is only to be completed by the applicant if the applicant has completed CT DPH approved educational training and where the applicant requests the CT DPH evaluate this training towards meeting the minimum 6 months of water operator experience requirement.

The following summarizes the required experience and experience substitution requirements for applicants of the Small Water System Operator Examination:

Small Water System Operator

Required Experience: 6 months of experience in operation of a small water system, distribution system or treatment plant,

*Experience Substitution: 20 or more training hours (TCHs) that is deemed acceptable to the DPH
(note: 1.0 CEU = 10 TCHs; 1 college credit is equivalent to 15 training hours)*

These 20 (or more) hours must be completed no more than 3 years prior to the exam date for which the applicant is applying and must include all of the following subject areas:

- Sources (including source protection)
 - Basic water treatment (groundwater)
 - Pumps
 - Water quality
 - Distribution system operation & maintenance (including cross connection control, disinfection, metering)
 - Sampling
 - Customer service
 - Regulations
 - Operator safety
 - Management (financial, administration, personnel, emergency planning)
- Security issues shall be an integral part of the training and covered under the appropriate subject areas.

List the educational training that the applicant request to be accepted towards meeting the above listed criteria.

Dates	Training Provider, College Name	TCHs / CEUs or College Credit	Training Course Name

For individual college or training course work listed above, the applicant must include copies of transcripts or certificates (including course descriptions) along with this application. For earned college degrees a copy of the diploma or transcript, which documents the earned degree, must be submitted with the application.