

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
BUREAU OF WATER**

**APPLICATION FOR CERTIFICATION  
AS A  
PUBLIC WATER SUPPLY OPERATOR**

Public Water Supply Operations Act  
415 ILCS 45/

**AN ACT TO REGULATE THE OPERATING OF A PUBLIC WATER SUPPLY**

Approved June 25, 1963, as amended September 12, 1973; as amended September 4, 1981; as amended  
September 2, 1987; as amended July 9, 1999

In order to safeguard the health and well being of the populace, every community water supply in Illinois shall have on its operational staff one natural person certified as competent as a water supply operator under the provisions of this Act.

**INSTRUCTIONS**

**CAREFULLY READ AND COMPLETE ALL ITEMS (TYPE OR PRINT)**

1. Attach a check, draft, or money order made payable to the Illinois Environmental Protection Agency. The fee for application review is \$30, and the examination fee is \$10. If you are confident that you meet the eligibility requirements for examination, you may write one check for \$40. The fees are **non-refundable**.
2. Make certain that your Letter of Verification and your payment are enclosed with your completed application.
3. Return completed application and payment to:

Illinois Environmental Protection Agency  
Bureau of Water  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, Illinois 62794-9276

**APPLICANT INFORMATION**

|  |                                    |                |                          |          |                        |
|--|------------------------------------|----------------|--------------------------|----------|------------------------|
| GENERAL INFORMATION                    | NAME - LAST, FIRST, MIDDLE INITIAL |                | (CHECK ONE) MR.          | MS.      | SOCIAL SECURITY NUMBER |
|  | HOME MAILING ADDRESS               |                |                          |          |                        |
|  | STREET                             | CITY           | STATE                    | ZIP CODE |                        |
|  | HOME PHONE NUMBER (INC. AREA CODE) | DATE OF BIRTH  | COUNTY IN WHICH YOU LIVE |          |                        |
| BUSINESS PHONE NUMBER (INC. AREA CODE) | FAX NUMBER (INC. AREA CODE)        | E-MAIL ADDRESS |                          |          |                        |

**HEALTH QUESTIONS**

- |  |     |    |
|--|-----|----|
| 1. Have you ever had Typhoid Fever?                                      | YES | NO |
| 2. Have you ever lived with an individual who has had Typhoid Fever?     | YES | NO |
| 3. Have you ever had Amoebic Dysentery?                                  | YES | NO |
| 4. Have you ever lived with an individual who has had Amoebic Dysentery? | YES | NO |
| 5. Are you color blind?  | YES | NO |

Being color blind will **not** prevent you from becoming a certified public water supply operator. This is intended to alert you to the possibility that some colorimetric testing may require another individual's interpretation.

This Agency is authorized to require this information under Illinois Revised Statutes 1979, Chapter 111½, Section 516. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

IL 532-0129

PWS 20a Revised 02/2003

**EDUCATION**

Lack of high school completion or GED certificate **will prevent** you from becoming a certified public water supply operator.

Are you a High School Graduate? YES  Year Graduated: \_\_\_\_\_ NO   
 If NO, have you obtained a GED Certificate? YES  Year \_\_\_\_\_ NO   
 Have you obtained a 4-year college degree? YES  NO   
 If Yes, complete the following information for each school attended:

| <u>Name of College or University</u> | <u>Date Graduated</u> | <u>Degree</u> |
|--------------------------------------|-----------------------|---------------|
|                                      |                       |               |
|                                      |                       |               |

Have you completed any additional potable water related training? YES  NO   
 If Yes, complete the following information for each training event completed:

| <u>Course Name</u> | <u>Location</u> | <u>Instructor</u> | <u>Dates Attended (mm/yy-mm/yy)</u> |
|--------------------|-----------------|-------------------|-------------------------------------|
|                    |                 |                   | -                                   |
|                    |                 |                   | -                                   |
|                    |                 |                   | -                                   |
|                    |                 |                   | -                                   |

**PUBLIC WATER SUPPLY OPERATOR EXPERIENCE**

LEAVE BLANK IF **NOT** CURRENTLY EMPLOYED AS A PUBLIC WATER SUPPLY OPERATOR

**Current Employment** – Complete the following section as related to your current water supply employment. If you had more than one position with the same employer, complete this section to reflect your present position only. Other positions must be considered as ‘Past Employment’ and appropriately listed in the section for Previous Public Water Supply Operator Experience. **YOU MUST DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES AS A WATER PLANT OR DISTRIBUTION SYSTEM OPERATOR. Without a description of hands-on water treatment experience, your application cannot be accepted.**

|   |  |  |  |
|---|--|--|--|
| GENERAL PUBLIC WATER SUPPLY INFORMATION | NAME OF PUBLIC WATER SUPPLY WHERE CURRENTLY EMPLOYED |  | PWS FACILITY NUMBER                          |
|   | PUBLIC WATER SUPPLY MAILING ADDRESS                  |  |  |
|   | PUBLIC WATER SUPPLY PHONE NUMBER (INCL. AREA CODE)   | NAME OF PERSON YOU REPORT TO                               |  |
| CURRENT PUBLIC WATER SUPPLY EMPLOYMENT  | DATE FIRST EMPLOYED AT PUBLIC WATER SUPPLY           | <u>EMPLOYMENT</u><br>FULL TIME<br>PART TIME<br>CONTRACTUAL | HOURS WORKED PER WEEK AT PUBLIC WATER SUPPLY |
|   | JOB DUTIES (BE SPECIFIC)                             |  |  |

To help determine hands-on water treatment experience, check all of the following activities that apply to your day-to-day potable water supply experience.

**Tests and Analyses**

**Determine Dose & Feed Rate**

**Equipment Operated**

|            |             |                 |               |          |                    |                        |
|------------|-------------|-----------------|---------------|----------|--------------------|------------------------|
| Alkalinity | Coliform    | pH              | Coagulant     | Chlorine | Low Service Pumps  | Start and Stop Filters |
| Chlorine   | Turbidity   | Phosphorus      | Coagulant Aid | Lime     | High Service Pumps | Set Filter Rates       |
| Fluoride   | Jar Tests   | Iron            | Phosphate     | Soda Ash | Chemical Feeders   | Backwash Filters       |
| Hardness   | Taste, Odor | Collect Samples | Fluoride      | Carbon   | Chlorinators       | Operate Wells          |

**PREVIOUS PUBLIC WATER SUPPLY OPERATOR EXPERIENCE**

LEAVE BLANK IF **NOT** PREVIOUSLY EMPLOYED AT A PUBLIC WATER SUPPLY  
 TO RECEIVE EXPERIENCE CREDIT, YOU MUST COMPLETE THIS SECTION AND INCLUDE A LETTER OF  
 VERIFICATION FROM EACH PREVIOUS SUPERVISOR.

|                        |  |  |  |  |
|------------------------|--|--|--|--|
| EMPLOYMENT INFORMATION | NAME OF PUBLIC WATER SUPPLY  |  | PWS FACILITY NUMBER  |  |
|                        | PUBLIC WATER SUPPLY MAILING ADDRESS  |  |  |  |
|                        | PUBLIC WATER SUPPLY PHONE NUMBER (INCL. AREA CODE)                         |  | NAME OF PERSON YOU REPORTED TO                             |  |
|                        | DATES EMPLOYED AT PUBLIC WATER SUPPLY<br>FROM (MONTH/YEAR) TO (MONTH/YEAR) |  | <u>EMPLOYMENT</u><br>FULL TIME<br>PART TIME<br>CONTRACTUAL | HOURS WORKED PER WEEK AT PUBLIC WATER SUPPLY |
|                        | JOB DUTIES (BE SPECIFIC)   |  |  |  |

|                        |  |  |  |  |
|------------------------|--|--|--|--|
| EMPLOYMENT INFORMATION | NAME OF PUBLIC WATER SUPPLY  |  | PWS FACILITY NUMBER  |  |
|                        | PUBLIC WATER SUPPLY MAILING ADDRESS  |  |  |  |
|                        | PUBLIC WATER SUPPLY PHONE NUMBER (INCL. AREA CODE)                         |  | NAME OF PERSON YOU REPORTED TO                             |  |
|                        | DATES EMPLOYED AT PUBLIC WATER SUPPLY<br>FROM (MONTH/YEAR) TO (MONTH/YEAR) |  | <u>EMPLOYMENT</u><br>FULL TIME<br>PART TIME<br>CONTRACTUAL | HOURS WORKED PER WEEK AT PUBLIC WATER SUPPLY |
|                        | JOB DUTIES (BE SPECIFIC)   |  |  |  |

**EXPERIENCE VERIFICATION REFERENCES**

List the name, address, and telephone number of three (3) individuals who can verify your experience. If you do **not** list three (3) individuals, your application will be returned to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**LETTER OF VERIFICATION**

A letter of verification must accompany your application. This letter of verification must be prepared by (or for) a water supply official, and must contain that official’s original signature. (Fax and photo copies of signatures are not acceptable.) The letter of verification must completely describe your duties as a water supply operator and/or as a distribution system operator. This letter must include the date you began your employment in water treatment and/or distribution. To receive credit for previous water treatment employment, you must have a similar letter of verification from each of your previous employers which includes your employment dates, a description of your job duties, and an original signature.

**NOTE: If the proper Letter of Verification is not submitted, or if required information is not included in the Letter of Verification, your application must be denied.**

**CERTIFICATION HISTORY**

- |    |  |     |    |
|----|--|-----|----|
| 1. | Have you ever obtained or attempted to obtain certification by fraud or deceit?  | Yes | No |
| 2. | Have you ever demonstrated gross negligence or misconduct in the operation and maintenance of a drinking water supply?                                     | Yes | No |
| 3. | Have you ever falsified or willfully failed to maintain or submit records and reports required by any authorized regulatory authority?                     | Yes | No |
| 4. | Has a final judgment in a civil action or conviction in a criminal action determined that you, the applicant, have performed any of the acts listed above? | Yes | No |
| 5. | Have you ever been denied certification for any of the above reasons?  | Yes | No |
- Please explain all “yes” responses for Items 1-5.

- |    |  |     |    |
|----|--|-----|----|
| 6. | Have you ever had a certificate sanctioned (revoked, suspended, or placed on probation)? | Yes | No |
| 7. | Do you presently hold any certifications?  | Yes | No |
- If yes, please provide the following information for all certifications.

| Certification Level | Date Certified | Issued By | Program Type | Expiration Date |
|---------------------|----------------|-----------|--------------|-----------------|
|                     |                |           |              |                 |
|                     |                |           |              |                 |
|                     |                |           |              |                 |

**APPLICANT SIGNATURE**  
READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate.

\_\_\_\_\_ Signature \_\_\_\_\_ Date