Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals

OUT-OF-STATE FACILITY DESCRIPTION & EXPERIENCE VERIFICATION APPLICATION

No Fee Required

(Complete one form per license, per state)

Instructions:
This form should be completed by applicants who holds a valid (unexpired) out-of-state-license or certification. This form must be signed by the applicant's immediate supervisor verifying applicant's experience from the facility listed in question #3. An original Certification of Licensure/Letter of Good Standing (dated within the last 60 days) must be included with your exam application.

1. Name
   Last ________________________  First ________________________  Middle ________________________  Generation ________________________

2. Dates of Employment  From: ___________  To: ___________
   MM/DD/YYYY  MM/DD/YYYY

3. Facility Name __________________________________________
4. Facility Street Address __________________________________________
   City ________________________  State ________________________  Zip Code ________________________

5. Applicant's Signature ________________________  Date __________

6. Waterworks Facilities:
   Design Hydraulic Capacity: ________________________ MGD  Number of persons served: ________________________

Treatment Methods Used (check ALL that apply)

☐ Slow sand filtration gpm/square foot
☐ Biological activated carbon contactors
☐ Aeration
☐ Rechlorination other than with hypochlorination
☐ Activated carbon contactors
☐ Iron and Manganese removal
☐ Ion exchange
☐ Membrane technology * without pretreatment
☐ Membrane technology * requiring pretreatment consisting of pH adjustment
☐ Membrane technology * requiring pretreatment other than pH adjustment
☐ Corrosion control
☐ Disinfection other than hypochlorination
☐ Hypochlorination
☐ No Treatment

Chemical coagulation or lime softening in combination with:

☐ Sedimentation
☐ Rapid sand filtration gpm/square foot
☐ Fluoridation
☐ Disinfection
☐ Aeration
☐ Corrosion control
☐ Membrane technologies *

* "Membrane technologies" includes electrical dialysis reversal, reverse osmosis, ultra filtration, micro filtration, and nano filtration.

Chemical coagulation or lime softening coupled with multimedia granular filtration or granular filtration at rates above 2.0 gpm/ square foot in combination with:

☐ Sedimentation
☐ Fluoridation (continued on next page)
☐ Disinfection
☐ Aeration
☐ Corrosion control
Diatomaceous earth filtration coupled with:

- Aeration
- Disinfection
- Corrosion control
- Fluoridation

7. **Wastewater Facilities:**

   Design Hydraulic Capacity: ___________ MGD

Treatment Methods Used (check all that apply)

- Natural treatment methods **
  - Biological treatment methods consisting of:
    - Suspended growth reactors
    - Aerated lagoons
    - Constructed wetlands
    - Biological filters or other attached growth contractors
    - Processes using biological nutrient control
    - Processes utilizing land application

- Advanced waste treatment methods consisting of:
  - Ammonia stripping
  - Breakpoint chlorination
  - Carbon absorption
  - Chemical coagulation
  - Flocculation
  - Precipitation
  - Filtration
  - Demineralization ***

** Those not utilizing aerated or mixed flows and not using electrical or outside energy sources to accomplish treatment

*** Ion exchange, reverse osmosis or electrodialysis

8. **Supervisor’s Name**

   Last: ____________________  First: ____________________  Middle: ____________________  Generation: ____________________

9. **Supervisor’s Contact Numbers**

   Primary Telephone: ____________________  Alternate Telephone: ____________________  Fax: ____________________

10. I certify, to the best of my knowledge all information provided on this form is true and accurate.

    Supervisor’s Signature: ____________________________________________  Date: ____________