Drinking Water Operator Certification Program
Submitting a Successful Certification Package
Distribution and Treatment Certification Application
How to get it RIGHT the first time

Who Needs to be Certified?
- Treatment: Any person who makes a decision that affects the quality of water being disbursed.
- Distribution: Any person who maintains or operates any portion of a distribution system. (Person making decisions regarding quality or quantity of the disbursed water)

How to Receive a Certification?
- Pass an exam within the last three years
- Grade 3-5 must meet experience requirements and submit verification
- One year of experience = 1800 hours
Certification Requirements

TREATMENT
Minimum Qualifications for Examination and Eligibility Criteria for Certification

DISTRIBUTION
Minimum Qualifications for Examination and Eligibility Criteria for Certification
If you want to obtain a Distribution or Treatment Certification at the Grade 3 or higher level, you must submit a Certification Application. These instructions will guide you to a successful (getting it right the first time) certification package that meets the State Water Board’s requirements.
A Complete Package Includes:

1. Application
2. Payment
3. Qualification Documentation that includes the following:
   - Supervisor Letter
   - Organization Chart
   - Official Job Description/Duties
   - Letter or Permit Water System Classification
The letter from your supervisor is reconciled against your job description/duty statement. It is important for the supervisor to provide us with accurate information regarding the specific duties performed and the number of hours per week duties were performed.

The letter must be signed by the Chief Plant Operator, your immediate supervisor, or someone in your direct chain of command as noted on the organization chart.

An original signature is always required, blue ink is preferred.
Identify how long the operator has been employed by your water system.

“Operator has been employed with ABC Water District from May 1, 2000 to present.” “Present” is the date the letter is signed, and hours will be calculated from the start date through the date on the supervisor’s letter. If the letter isn’t dated the application will be delayed while that information is obtained.

If the operator worked for ABC Water District, left for a different system and then returned, timeframes of both employment periods are required.
In their own words, the supervisor should state the specific duties the operator performed for each position they held during their employment as it relates to the certification applied for. Whether it is a Distribution or Treatment Application, the supervisor must provide a description of the specific duties performed.

Please DO NOT cut and paste from the operator’s job description/duty statement or from the regulations.
Example #1:

- **Position/Title:** Field Service Operator I
- **Timeframe at position:** (5/1/00 - 12/10/03)

  Operator performed hot taps, water main installations, dead flushing, locates water services, valves, mains, hydrants. Performs all phases of meter installation, repair. Performs leak detection/repair, turn on and shut-offs as needed. Operator dedicated 40 hours per week to these duties, they do not perform any treatment or wastewater duties in this position.

- Follow this format for each successive position held, if applicable.
Supervisor Letter
Chief or Shift Operator Status

- In the absence of the Chief Plant Operator (CPO), water systems designate person(s) to act as CPO while they are off-site, this person is referred to as the Shift Operator.

- Regulation sections §63765/63770 define who can be designated as Chief or Shift operators. Water systems provide this information on the Electronic Annual Report (EAR) submitted to their regulatory field office each year. We reconcile the designation in the supervisor’s letter against the EAR for the applicable year(s) the operator had this designation.
Water System Designation: After the job description portion of the letter is completed, we need to know the water system’s designation (D1 - D5). The reason for this is that operators must meet certain requirements in order to achieve the next level of certification.

For example, to obtain a D3 certification an operator must have one (1) year experience as a D2 operator at a D2 or higher system. We need to verify that the operator is at an appropriately rated system.
The last thing needed is a declaration from the supervisor verifying that all information provided in their letter is accurate. We recommend using the following statement.

“As the undersigned supervisor of the above referenced operator, I hereby certify that all facts and statements set forth, are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as per the Health & Safety Code section §106877.”

Health Safety Code §106877 states that the State Board may suspend, revoke, or refuse to grant or renew any certificate due to (1) Submission of false or misleading information on an application for a certificate or examination.
[Date]

State Water Resources Control Board
Office of Operator Certification
Drinking Water Operator Certification Program
P.O. Box 944272
Sacramento, CA 94214-2120

RE: Drinking Water Certification for (Name of Operator), (Treatment or Distribution)
Grade Level: ______

Operator has been employed with the system since (Start Date) to (End Date or Presently Employed). During his/her employment, he/she has held the following positions. [Please complete an entry for EACH position held at the system.]

1. Position/Title
2. Time period in each position: MM/YY – MM/YY or present
3. Specific duties performed: Please do not refer to the official duty statement
   List specific duties performed.
4. Number of hours in each position performing distribution duties, treatment
duties, and wastewater duties: If there are no duties performed in an area (distribution, treatment, or wastewater), please state, “zero time.”
   Example: Employee performs 20 hours per week of distribution duties, 20 hours
   per week of treatment duties, and no hours of wastewater duties.
5. Chief or Shift Operator: Based on Drinking Water Regulations Sections
   §53785/33777.
6. System Information: Water system name(s), water system number(s), and
   system classification(s)

As the undersigned supervisor of the above referenced operator, I hereby certify that all facts and statements set forth are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as
per the Health and Safety Code Section 106877.

Signed,
[Supervisor Signature]
[Title]
(Contact Information - Email and direct telephone number)

Attachments:
- Official job description for each position held
- Current organizational chart with names and titles of supervisor and employee
- Classification letter or permit classifying system

Download it here
Common Roadblocks

- Operator performs both distribution and treatment duties but is requesting full time (40 hours/week) credit for each. The supervisor should review the operator duties, time reports and determine an average number of hours per week for each function performed.

- The job description does not list distribution or treatment duties.

- Requesting experience for duties not associated with operation of a distribution or treatment system/plant. Example: Meter reading, SCADA programming, administrative functions.

- Non-operator staff requesting certification. Staff that do not perform work on the distribution system or treatment plant do not qualify for certification at the Grade 3 or higher levels.
The Organization Chart needs to list the name of the operator applying for certification, their title(s) and the chain of command to their supervisor or Chief Plant Operator.

This is verified against the Supervisor Letter confirming that the supervisor knows what duties are performed and how many hours per week they are performed.

This is also looked at to verify the operator placement within the organization. What department is the operator in? Treatment, Distribution, Administration, meter shop etc.
Job Duties/Duty Statement

- The water system’s job description for each position the operator has held is required.
- The job description is reviewed against the supervisor letter to verify the information listed on the supervisor letter is accurate.
Water System Designation

- The Water System Designation allows us to determine if the grade and side requirements have been met. For example, to obtain a D3 certification an operator must have one (1) year (1800 hours) as a D2 operator at a D2 or higher system (grade and site specific).

- If the system(s) has multiple levels of designation, the supervisor letter needs to state how much time is spent at each designated water system.
Submission of False Information

Recent changes to Section §106877 of the statutes added civil penalties, including suspension, revocation, refusal to grant a certificate or assess fines not to exceed one hundred dollars ($100) for each day of violation for the submission of false or misleading information on exam, certification or renewal applications.
Mail completed application and fee, including all requested attachments to:

State Water Resources Control Board
Drinking Water Operator Certification Program
P.O. Box 944212 Sacramento, CA 94244-2120

Fees can be paid via:

1. Check or Money Order made out to SWRCB-DWOCP
2. ACH/CCT online payments on our website
We try to evaluate certification applications in a timely manner however due to the high volume of application, there may be a delay.

Incomplete application packages can delay processing time. Please ensure the information submitted is complete and accurate.
For information regarding exams, renewals or certifications please contact staff listed below.

- Distribution Certification - Jaime Marotte
  Jaime.Marotte@waterboards.ca.gov (916) 449-5615
- Treatment Certification or Exam Applications - Bonnie Sutherland
  Bonnie.Sutherland@waterboards.ca.gov (916) 449-5629
- Distribution or Treatment Renewals - Michael Rohner
  Michael.Rohner@waterboards.ca.gov (916) 499-5649