

TCEQ Wastewater Operator Licensing Program Application Supplement MC 178, PO Box 13087, Austin, TX 78711-3087

Phone: (512) 239-6133 Fax: (512) 239-6272 Website: <u>www.tceq.texas.gov/licensing</u>

Name:	Date:		_		SSN (Last 4 digits):
Wastewater Treatment Facility Operator	□ A [В	□ C	□ D)
Wastewater Collection System	☐ Class 1		☐ Class II		☐ Class III
If you worked in a collection system and then tra jobs with separate dates.	insferred to a tr	eatme	nt plant (o	r vice	e-versa) show as separate
Current Employer:					
Facility Name:	Job	Title:			
Your dates of wastewater duties (MM/DD/YYYY): From:			To: _	
Facility's Mailing Address:					
City:	State	2:	Zi	ip Cod	de:
Supervisor's Name:					
Check all job duties performed under your category. <i>Total of all job duties should NO</i>	_	•		_	
☐ Operate/maintain activated sludge/bioso ☐ Operate/maintain trickling filter or RBC t ☐ Operate/maintain waste treatment ponds ☐ Conduct routine inspection of entire treat ☐ Take process control samples and interpred perational records ☐ Take flow, power usage, pressure and/or ☐ Measure influent, effluent, RAS, WAS, DO ☐ Adjust plant processes to achieve target of ☐ Operate/maintain bar screen, comminutor ☐ Operate/maintain aeration basins, primate ☐ Measure sludge/biosolids blanket depth; ☐ basins ☐ Operate/maintain sludge/biosolids digest ☐ Operate/maintain sludge/biosolids dewate ☐ WWTP ☐ Adjust polymer and sludge/biosolids feed ☐ Operate, monitor, adjust effluent disinfed ☐ Perform preventative/corrective maintenant	reatment systems (lagoons) or continent facility to the tests to make for signs of proceedings of procedures, pH etc. conditions are grit chamber by or secondary waste sludge/beters tering units (belied rates ection system (chamber cyto).	nstruction identical process of the present of the	tify proces tess adjust s plant ters ds or retur s, drying b	en sluc	dge/biosolids to aeration centrifuges) with return to ation, UV, ozone)
Perform tertiary treatment, i.e. sand filter Other:	s, cloth media f		=	.c, 1ub	nicute, unu, or repair)

Wastewater Laboratory (owned and operated by the permittee)	% of my total time
 ☐ Monitor wastewater, effluent, and sludge/biosolids quality ☐ Test for fecal coliform, E. coli, ammonia, nitrates; check pH a ☐ Perform COD, BOD, TSS, settleability, suspended solids, chlo ☐ Consult with operators daily regarding laboratory results and 	rine residual tests; calibrate meters
Wastewater Collection System	% of my total time
☐ Inspect and test collection systems; test for leaks in joints, to ☐ Pipeline cleaning/maintenance; flush lines, locate and determ ☐ Inspect and repair wastewater lines, laterals, mains, manhole ☐ Lay new or replacement pipe, install taps and/or manholes ☐ Inspect, operate, repair/maintain lift stations ☐ Other:	nine I&I, exfiltration and diversion
Related Experience	% of my total time
☐ Industrial pretreatment implementation and inspection as a ☐ Design and/or construction of wastewater treatment/collecti ☐ Other:	
Other Job Duties	% of my total time
List other duties (e.g., groundskeeping, SCADA programming, no operator, etc.):	ew construction, administrative, equipment
Water Treatment/Distribution	% of my total time
☐ I also perform water treatment/distribution duties	
r also perform water treatment, distribution duties	
Your grand total current work percentage is:	This total must equal exactly 100
	derstand that fraudulent or falsified ant to Tex. Admin. Code §30.33 or 03.
I affirm that the above information is true and correct. I un information could result in denial of this application pursu revocation of my license pursuant to Tex. Water Code §7.30 Signature Date Entering your name in the Signature box constitutes an electronic signature. FOR TCEQ USE ONLY	derstand that fraudulent or falsified ant to Tex. Admin. Code §30.33 or 03.
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PREVIOUS EMPLOYER SECTION

Complete this section **ONLY** if you have multiple employers or positions you would like us to consider.

Date:	SSN (Last 4 digits):
	th all your previous employment
	same employer) as a separate
Job Title:	
/YYYY): From:	To:
State:	Zip Code:
Supervisor's	Phone:
RBC treatment system ponds (lagoons) or constructore treatment facility to identify nearly tests to make processored for signs of problems and/or chemical readings on pass, DO, pH etc. arget conditions inutors, grit chamber rimary or secondary clarifiers lepth; waste sludge/biosolids digesters	y process/mechanical problems ss adjustments lant
	Job Title: Job Title: Job Title: YYYYY): From: State: Supervisor's Your previous employer. In a NOT equal more than 1 Story our previous employer or constructed the treatment facility to identify the treatment facility

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Wastewater Laboratory (owned and operated by the per	mittee) % of my total time
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☐ I also perform Water Treatment/Distribution duties	S
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Signature	Date
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