

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)

- | | |
|--|--|
| <input type="checkbox"/> Slow sand filtration _____ gpm/square foot | <input type="checkbox"/> Membrane technology * without pretreatment |
| <input type="checkbox"/> Biological activated carbon contactors | <input type="checkbox"/> Membrane technology * requiring pretreatment consisting of pH adjustment |
| <input type="checkbox"/> Aeration | <input type="checkbox"/> Membrane technology * requiring pretreatment other than pH adjustment |
| <input type="checkbox"/> Rechlorination other than with hypochlorination | <input type="checkbox"/> Corrosion control |
| <input type="checkbox"/> Activated carbon contactors | <input type="checkbox"/> Disinfection other than hypochlorination |
| <input type="checkbox"/> Iron and Manganese removal | <input type="checkbox"/> Hypochlorination |
| <input type="checkbox"/> Ion exchange | <input type="checkbox"/> No Treatment |

Chemical coagulation or lime softening in combination with:

- | | |
|--|--|
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Aeration |
| <input type="checkbox"/> Rapid sand filtration _____ gpm/square foot | <input type="checkbox"/> Corrosion control |
| <input type="checkbox"/> Fluoridation | <input type="checkbox"/> Membrane technologies * |
| <input type="checkbox"/> Disinfection | |

* "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:

- | | |
|--|--|
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Aeration |
| <input type="checkbox"/> Fluoridation (continued on next page) | <input type="checkbox"/> Corrosion control |
| <input type="checkbox"/> Disinfection | |

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 _____