## Inter Tribal Council of Arizona, Inc. WATER & WASTEWATER OPERATOR CERTIFICATION PROGRAM FOR PERSONNEL OF TRIBAL WATER UTILITIES



Established to strengthen Tribal governments and promote Tribal sovereignty.

# OPERATOR CERTIFICATION <u>DRINKING WATER</u>

**APPLICATION BOOKLET** 

Revised – February 2025

Welcome to the Water and Wastewater Operator Certification Program for Personnel of Tribal Water Utilities, brought to you by the Inter Tribal Council of Arizona, Inc. (ITCA).

The primary mission of the program is to ensure that tribal water and wastewater system operators have the knowledge, skills and abilities necessary to provide safe drinking water and adequate sanitation services to our tribal communities. The program provides low-cost pathways to jurisdictionally-appropriate professional certification as an alternative to state certification. The program services are available to all tribal personnel nationwide. This tribally-led (for tribes and by tribes) program is your program and your comments and participation in the program's Water and Wastewater Operator Workgroup Meetings are encouraged so that the program services continue to meet your needs.

We encourage you to carefully read all of the information contained in this packet prior to applying for operator certification. If you have any questions, please feel free to contact the ITCA Water and Wastewater Operator Certification Program at (602) 258-4822.

Thank you.

### **TABLE OF CONTENTS**

| Program Description   |    |
|---|----|
| The Tribal Water & Wastewater Operator Certification Program      | 1  |
| The Inter Tribal Council of Arizona, Inc.                         | 1  |
| U.S. EPA Approval Letter of the ITCA Program                      | 2  |
| Federal Register Notice   | 3  |
| ITCA Professional Certification and Training                      | 4  |
| Types of Tribal Certification for Drinking Water System Operators |    |
| Applying for New Certification                                    | 5  |
| Level of Certification and Water System Classification            | 5  |
| Re-Testing  | 6  |
| Reciprocity   | 6  |
| Training Contact Hour Requirements                                | 6  |
| Certification Renewal   | 7  |
| Synchronization of Multiple Certifications                        | 8  |
| Certification Eligibility Requirements                            | 8  |
| Table of Eligibility Requirements                                 | 10 |
| Application for New Certification (cover page)                    | 11 |
| Checklist for Application Completeness                            | 12 |
| Application Forms   |    |
| Attachment 1: Water Treatment Facility Classification Worksheet   |    |
| Attachment 2: Water Distribution System Classification Worksheet  |    |

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#### THE ITCA WATER & WASTEWATER OPERATOR CERTIFICATION PROGRAM

The Inter Tribal Council of Arizona, Inc. (ITCA) Water & Wastewater Operator Certification Program (the "ITCA Program" or "Program") was developed to meet the specific needs of tribal water system personnel by providing training and certification services; thus, promoting tribal sovereignty and strengthening tribal governments. ITCA is a U.S. Environmental Protection Agency (U.S. EPA) approved provider of operator certification services under the U.S. EPA National *Tribal Drinking Water Operator Certification Program*. ITCA is the largest American Indian organization offering EPA-approved operator certification and makes its training and certification services available for personnel of tribal water and wastewater utility systems nationwide. The Program provides jurisdictionally-appropriate operator certification services as an alternative to state certification programs. In addition, ITCA provides wastewater training and operator certification services using the same methods and level of rigor as those set forth by the U.S. EPA for drinking water.

Through the administration of the Water & Wastewater Operator Certification Program, ITCA ensures that operators of tribal water and wastewater utilities are provided with training and certification services to assist them in meeting the requirements necessary to perform their jobs in a competent and professional manner. The Program provides a system wherein persons responsible for the production, treatment and distribution of drinking water for public consumption, and collection and treatment of wastewater, may be examined and rated to demonstrate their level of competency in operating and maintaining tribal utility systems. The ITCA Program directly builds tribal capacity in operation and maintenance of tribal water and wastewater systems, which in turn, promotes and enhances public health and safety. Specifically, the ITCA Program performs a crucial function (by tribes and for tribes) to ensure that water and wastewater operators have the knowledge, skills, and abilities necessary to provide adequate and reliable drinking water and sanitation services to tribal communities in a sustainable manner that is protective of both human health and the environment. The uniqueness of the ITCA Program is that it receives direct tribal input and guidance through meetings of its Advisory Committee and the Tribal Water & Wastewater Utilities Operator Workgroup, which assures the services meet the needs of Indian Country. Other operator certification programs are not congruent with the unique needs of tribes; nor are they held accountable by the tribes themselves.

#### THE INTER TRIBAL COUNCIL OF ARIZONA

The Inter Tribal Association of Arizona was established in 1952 to provide a united voice for tribal governments located in the State of Arizona to address common issues of concerns. Then, in 1975, a private, non-profit corporation—the Inter Tribal Council of Arizona, Inc. (ITCA)—was created to provide services that promote Indian self-determination. The work of ITCA staff and its consultants is carried out under the direction and supervision of the Executive Director and is overseen by the Executive Board. Currently, the Inter Tribal Council of Arizona, Inc. is comprised of 21 Member Tribes located in Arizona. Some of the programs of ITCA provide services to tribes nationwide; an example of which is the ITCA Tribal Water & Wastewater Operator Certification Program.



#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

JUL 17 2008

OFFICE OF

Mr. John R. Lewis Inter Tribal Council of Arizona 2214 North Central Ave, Suite 100 Phoenix. Arizona 85004

Dear Mr. Lewis:

Thank you for submitting the Tribal Council of Arizona (ITCA) Tribal Drinking Water Operator Certification Program to the Environmental Protection Agency's (EPA) Office of Ground Water and Drinking Water (OGWDW) for program approval. OGWDW convened a panel of reviewers from both Headquarters and Regional drinking water program staff to ensure that the ITCA program conforms to the requirements established in the "Tribal Drinking Water Operator Certification Program: Final Guidelines" (EPA 816-R-05-003).

EPA has received your request for program approval and additional clarifications regarding your program. The purpose of this letter is to notify ITCA that EPA has approved the ITCA Tribal Drinking Water Operator Certification Program for Tribal drinking water operators. EPA recognizes ITCA certification for purposes of meeting the requirement that any tribal system to be assisted with EPA Drinking Water Infrastructure Grant Tribal Set-Aside (DWIG TSA) funds must be operated by adequately trained and certified operators.

EPA acknowledges ITCA's effort to establish a voluntary drinking water operator certification program in Indian country, and we appreciate the opportunity to review your program. If you have questions please contact Elin Betanzo at 202-564-1807.

Sincerely,

Cynthia C. Dougherty, Director

Office of Ground Water and Drinking Water

Internet Address (URL) • http://www.epa.gov
Recycled/Recyclable • Printed with Vegetable Oil Based Inks on Recycled Paper (Minimum 30% Postconsumer)

July 17, 2008 U.S. EPA letter approving the ITCA Tribal Water Operator Certification Program

#### Federal Register/Vol. 75, No. 153/Tuesday, August 10, 2010/Notices

factors); (b) absence of financial conflicts of interest; (c) scientific credibility and impartiality; (d) availability and willingness to serve; (e) ability to work constructively and effectively in committees; and (f) for the Committee as a whole, diversity of scientific expertise and viewpoints.

Prospective candidates will be required to fill-out the "Confidential Financial Disclosure Form for Special Government Employees Serving on Federal Advisory Committees at the U.S. Environmental Protection Agency (EPA Form 3110-48). This confidential form allows Government officials to determine whether there is a statutory conflict between that person's public responsibilities (which includes membership on an EPA Federal advisory committee) and private interests and activities, or the appearance of a lack of impartiality, as defined by Federal regulation. Ethics information, including EPA Form 3110-48, is available on the SAB Web site at http://yosemite.epa.gov/sab/ sabproduct.nsf/Web/ ethics?OpenDocument.

Dated: August 4, 2010.

#### Anthony F. Maciorowski,

Deputy Director, EPA Science Advisory Board Staff Office.

[FR Doc. 2010–19719 Filed 8–9–10; 8:45 am]

## ENVIRONMENTAL PROTECTION AGENCY

[FRL-9186-8]

#### Tribal Drinking Water Operator Certification Program

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces the program details of EPA's voluntary Tribal Drinking Water Operator Certification Program, effective October 1, 2010. The program enables qualified drinking water operators at public water systems in Indian country to be recognized as certified operators by EPA. This program will provide the benefits of certification to both the public water system operators and the Tribal communities they serve. Through the training required to receive and maintain certification, operators learn how to supply drinking water that meets national standards and gain understanding of the associated public health benefits. Certification demonstrates the operator has the skills, knowledge, education and experience

necessary to deliver safe water supporting consumer confidence. Certification designates the water system operator as a public health professional and demonstrates the operator has the skills, knowledge, education and experience necessary to deliver safe water supporting consumer confidence.

FOR FURTHER INFORMATION CONTACT: The Safe Drinking Water Hotline, toll free 1–800–426–4791, can be contacted for general information about this document. For technical inquiries please contact Ronald Bergman, Office of Ground Water and Drinking Water, Drinking Water Protection Division, Protection Branch, 4606M, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: 202–564–3823, e-mail address: bergman.ronald@epa.gov.

#### SUPPLEMENTARY INFORMATION:

#### A. How can I get copies of this document and other related information?

- Electronic Access. EPA's Tribal Drinking Water Operator Certification Program updates and application materials regarding this program can be found at http://www.epa.gov/safewater/ tribal.html.
- 2. Hard Copies. Hard copies of EPA's Tribal Drinking Water Operator Certification Program are available upon request. Please contact Kyle Carey, Office of Ground Water and Drinking Water, Drinking Water Protection Division, Protection Branch, 4606M, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: 202–564–2322, e-mail: carey.kyle@epa.gov.

#### B. Approved Providers and Reciprocity

Although participation in this Certification Program is voluntary, EPA requires a Tribe to have, or agree to obtain within a certain time frame, a certified operator(s) for their public drinking water system(s) in order to secure funds in the Drinking Water Infrastructure Grant Tribal Set-Aside (DWIG TSA) program. The Federal drinking water regulations require some system operators to be "qualified." Participation in EPA's Tribal Drinking Water Operator Certification program meets this requirement. Operators certified through this program will be listed by the Region on their "register" pursuant to the regulations (i.e., CFR 141.130(c)). The EPA Tribal Drinking Water Operator Certification program is available in the nine EPA regions with federally recognized Tribes. Public

water system operators in Indian country seeking certification and/or interested in the EPA national program should contact the Association of Boards of Certification (ABC), 208 5th Street, Suite 201 Ames, IA 50010-6259; telephone number: 515-232-3623, fax: 515-232-3778, http://www.abccert.org or the Intertribal Council of Arizona (ITCA), 2214 North Central Avenue, Suite 100, Phoenix, AZ 85004, telephone number: 602-258-4822, fax: 602-258-4825, http:// www.itcaonline.com. Additional providers may be added per EPA approval.

48329

Under the EPA Tribal Drinking Water Operator Certification Program, reciprocity will be extended to any operators already certified by a State with an approved operator certification program and on a case-by-case basis to operators already certified by other EPA-approved providers pre-dating this program.

Dated: August 4, 2010.

#### Cynthia C. Dougherty,

Director, Office of Ground Water and Drinking Water

[FR Doc. 2010–19715 Filed 8–9–10; 8:45 am]

#### **EXPORT-IMPORT BANK**

[Public Notice 2010-0030]

Agency Information Collection Activities: Final Collection; Comment Request

AGENCY: Export-Import Bank of the U.S. ACTION: Submission for OMB Review and Comments Request.

Form Title: Application for Short Term Letter of Credit Export Credit Insurance Policy.

SUMMARY: The Export-Import Bank of the United States (Ex-Im Bank), as a part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal Agencies to comment on the proposed information collection, as required by the Paperwork Reduction Act of 1995.

The Application for Short Term Letter of Credit Export Credit Insurance Policy will be used to determine the eligibility of the applicant and the transaction for Export Import Bank assistance under its insurance program. Export Import Bank customers will be able to submit this form on paper or electronically.

The Export Import Bank has made changes to incorporate new information in the Certification and Notice sections of this form to clarify and expand to

75 Federal Register 48329 (August, 2010) reiterating the U.S. EPA approval of the ITCA Program

The ITCA Program offers the following professional certification and training services for tribal personnel that operate and manage drinking water systems and wastewater systems located on federal trust lands in Indian Country. ITCA uses separate certification application booklets for each certification category—drinking water, wastewater, and utility management.

ITCA PROFESSIONAL CERTIFICATION AND TRAINING COURSES

| Category                         | Certification Type   | Certification<br>Levels | ITCA Training Courses**   |                                    |
|----------------------------------|--|-------------------------|---|------------------------------------|
|                                  | Water Treatment  |                         | Water treatment facility  |                                    |
|                                  | Operator Certification   | 1 through 4             | operations & maintenance  |                                    |
|                                  | (U.S. EPA-approved)  |                         | (levels 1 through 3)  |                                    |
| Drinking                         | Water Distribution   |                         | Water distribution system   | es                                 |
| Water                            | Operator Certification   | 1 through 4             | operations & maintenance  | urs                                |
| water                            | (U.S. EPA-approved)  |                         | (levels 1 through 3)  | Co                                 |
|                                  | Very Small Water System<br>Operator Certification<br>(U.S. EPA-approved) | 1*                      | General Module & Very Small Water<br>System operations & maintenance        | Pre-Certification Training Courses |
| Wastewater                       | Wastewater Collection Operator Certification                             | 1 through 4             | Wastewater collection system operations & maintenance (levels 1 through 3)  | ertification                       |
| wastewater                       | Wastewater Treatment<br>Operator Certification                           | 1 through 4             | Wastewater treatment facility operations & maintenance (levels 1 through 3) | Pre-C                              |
| Utility                          | Tribal Utility   | 1                       | Introductory Utility Management   |                                    |
| Management                       | Management Certification   | 1                       | Introductory Utility Management   |                                    |
| *May meet Le                     | *May meet Level 1 certification requirements for systems                 |                         | Post-Certification trainings are available                                  | e that                             |
| serving 500 or fewer customers   |  |                         | provide training contact hour credit  | t for                              |
| **Depending on available funding |  |                         | certification renewal   |                                    |

For each type and level of certification, ITCA administers the Association of Boards of Certification (ABC) / Water Professionals International (WPI) standardized certification exams, except for the Tribal Utility Management Certification exam, which is owned by ITCA. Each certification exam consists of 100 multiple-choice questions, except for the Very Small Water System exam, which consists of 50 multiple-choice questions. The time limit for completing a certification exam is three (3) hours. In an effort to improve pathways for tribal water personnel, ITCA offers two types of testing services traditional Paper-Booklet Testing and Computer-Based Testing. ITCA offers Paper-Booklet Testing following the conclusion of its pre-certification training courses, as well as at independent ITCA Paper-Booklet Testing Sessions. ITCA offers Computer-Based Testing throughout the year at approximately 190 locations nationwide. ITCA does not "teach to the certification exams." Candidates intending to take a certification exam are encouraged to study the "Need-to-Know Criteria" and list of recommended study guide references that are available for each certification exam type. For ABC/WPI standardized exams, these materials can be found on the WPI website.

#### TYPES OF TRIBAL CERTIFICATION FOR DRINKING WATER SYSTEM OPERATORS

The current U.S. EPA National Tribal Drinking Water Operator Certification Program application packet states that "a water system with a groundwater supply and only (non-gaseous) chlorination is considered a distribution system, not a water treatment facility" and "a water system with the addition of any chemical to a public water system other than for chlorination shall be considered a treatment facility." According to the Tribal Drinking Water Operator Certification Program Final Guidelines (U.S. EPA, 2005), a tribal water system may need to be operated by personnel that hold a Water Distribution System Operator Certification, or a Water Treatment Facility Operator Certification, or both, depending on the complexity and characteristics of the water system. Tribal operators of qualifying lesscomplex water systems may earn a single certification that jointly satisfies both the basic level 1 treatment certification and distribution certification requirements. This joint certification is known as the Very Small Water System (VSWS) Operator Certification. A very small water system is defined by the U.S. EPA as: "a community public water system that serves 500 persons or less or a non-community public water system and has no treatment other than disinfection or has only treatment which does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator (e.g., calcium carbonate filters, granular activated carbon filters, cartridge filters, ion exchangers)." ITCA encourages tribal water utility programs / departments to consult with their applicable primacy agency (e.g., the U.S. EPA regional drinking water office) for a final determination as to what type and level of operator certification(s) is / are required for the operation of their particular tribal water system.

#### **APPLYING FOR NEW CERTIFICATION**

To be considered for tribal operator certification with ITCA, an Application for New Certification must be submitted to ITCA. A separate application must be submitted for each certification type and each certification level that is being sought. The APPLICATION FOR NEW (WATER) CERTIFICATION is provided here at the end of this document. An Application for New Certification that is deemed complete by ITCA shall be valid for a time period of one year (365 calendar days) beginning from the date ITCA deemed the application to be complete. Information provided in the application will be used by the ITCA Program to evaluate the applicant based on the ITCA certification eligibility requirements. Once the evaluation is completed, the ITCA Program will issue the applicant a written Notice of Eligibility Determination, documenting how well the applicant met the eligibility requirements and whether the applicant is approved to take the certification exam. If the applicant is approved by ITCA to take the certification exam, the applicant must bring the Notice of Eligibility Determination to the certification exam location as proof of approval to enter into a specific exam session.

#### LEVEL OF CERTIFICATION AND WATER SYSTEM CLASSIFICATION

Drinking water operator certification issued through ITCA is tied to the specific tribal water system that the applicant operates and maintains. Operator certification is divided into sequential levels of proficiency, levels 1 through 4, based upon the degree of complexity of the water system being operated. In order to determine the level of certification needed by a tribal water system operator, the tribal water system must be classified. The highest certification level for which a water operator may apply shall be no more than one level above the classification level of the system / facility that the applicant operates and maintains. The applicable primacy agency (e.g., U.S. EPA) makes the final determination of water system classification. A tribal water system operator applying for Levels 2, 3, or 4

water operator certification from ITCA is required to provide information about the classification level of the water system that the applicant operates or maintains. If available, documentation from the applicable primacy agency regional office that designates the classification level of the operator's system should be attached with the operator's Application for New Certification. In lieu of providing such documentation from the applicable primacy agency, water treatment facility classification may be <a href="estimated">estimated</a> by completing and submitting the WATER TREATMENT FACILITY CLASSIFICATION WORKSHEET that is provided here in <a href="Attachment 1">Attachment 1</a>. Water distribution system classification may be <a href="estimated">estimated</a> by completing and submitting the WATER DISTRIBUTION SYSTEM CLASSIFICATION WORKSHEET that is provided here in <a href="Attachment 2">Attachment 2</a>. Please note that the applicable primacy agency may increase a tribal water system's classification based on other characteristics of that water system. <a href="ITCA">ITCA</a> encourages tribal water system operators and utility programs / departments to consult with their applicable primacy agency (e.g., the U.S. EPA regional drinking water office) for a final determination as to what type and level of operator certification(s) is / are required for the operation of their particular tribal water system.

#### **RE-TESTING**

Applicants that do not pass a certification exam will be provided an Individual Mastery Report, which gives diagnostic information identifying what subject areas the applicant did well on and which subject areas the applicant needs to further study in preparation for retaking the certification exam. Applicants are required to wait a minimum of 30-days prior to re-testing. An applicant intending to retest must obtain a new Notice of Eligibility Determination from ITCA for proof of approval to enter into a specific exam session. If the applicant is unable to pass the particular certification exam during the one-year valid application time period and desires to continue retesting, the applicant may complete and submit a Changes to Existing Application for New Certification. The Changes to Existing Application for Certification Form is available upon request from the ITCA Program.

#### RECIPROCITY

An applicant that holds a certification from another jurisdiction may apply for an equivalent certification with ITCA through Reciprocity in lieu of taking the certification examination with ITCA. An ITCA operator certification that is issued through reciprocity will be issued with the same expiration date as the original certification. To apply for ITCA operator certification through reciprocity, complete and submit to ITCA the **APPLICATION FOR NEW CERTIFICATION**, which is provided here at the end of this document. Please Note: A certification agency can grant reciprocity for a certification issued only from the certification's original testing jurisdiction. In other words, reciprocity cannot be granted for a certification that has already been granted reciprocity (i.e., not more than once-removed from the originating point of origin).

#### TRAINING CONTACT HOUR REQUIREMENTS

The ITCA Program defines "**Training Contact Hour**" as a basic unit of measure of training based upon the two fully documented factors of: (1) time spent expanding ones career-based knowledge (2) in a distinct subject matter. A full sixty minutes of learning on a specific subject matter, as verified and documented by the trainer or a third party, constitutes a single Training Contact Hour. Based on U.S. EPA guidelines, the ITCA Program established training requirements for eligibility of both new operator

certification and renewal of expiring operator certification. Applicants for new operator certification must submit proof of having accrued a minimum number of Training Contact Hours to ITCA to evaluate for approval as *Pre-*Certification Training Credit. Applicants for renewal of expiring operator certification must submit proof of having accrued a minimum number of Training Contact Hours to ITCA to evaluate for approval as *Post-*Certification Training Credit (also known as Professional Development Hours or PDHs). In both processes (new certification and renewal), Training Contact Hours must be on topics that are essential to the operation and maintenance of the operator's utility system(s).

For Level 1 operator certification, the ITCA Program recommends a three-day training course known as the **General Module for Water & Wastewater Operators**. This course is designed for Tribal personnel entering into the career path of water and wastewater system operations for the first time. Course topics include introductions to mathematics, electricity, meters, troubleshooting, operations and maintenance, and worker safety relating to water and wastewater systems. ITCA Level 1 operator training courses are designed with the expectation that applicants have already taken introductory training on the topics such as those covered in the General Module. ITCA provides the following training courses for the purpose of helping tribal personnel become tribal water system operators.

- General Module for Water and Wastewater Operators
- o General Module and Very Small Water System Operator Certification
- Level 1 Water Treatment Facility Operations and Maintenance
- Level 2 Water Treatment Facility Operations and Maintenance
- Level 3 Water Treatment Facility Operations and Maintenance
- Level 1 Water Distribution System Operations and Maintenance
- Level 2 Water Distribution System Operations and Maintenance
- Level 3 Water Distribution System Operations and Maintenance
- o Safe Drinking Water Act 101: Basics and Consumer Confidence Reports
- o Safe Drinking Water Act 202: Compliance Monitoring and Lab Awareness

#### **CERTIFICATION RENEWAL**

ITCA operator certification is issued for a time period of no greater than three (3) years. Certification may be issued for time periods less than three years to accommodate special circumstances. To apply for certification renewal, a completed **Renewal Application Form** should be submitted to ITCA six (6) months prior to a certification's expiration date. However, applications for renewal may be submitted to ITCA as early as one (1) year prior to the certification's expiration date, but shall not be submitted less than thirty (30) calendar days prior to the certification's expiration date. An operator certification that lapses beyond its expiration date becomes null and void. In such cases, an operator can become recertified by submitting an Application for New Certification and retesting.

For the purposes of protecting public health, U.S. EPA guidelines specify that once certified, water operators must continue their education by obtaining a minimum level of approved professional development training as a condition of renewing their operator certification. This minimum level of training is defined by the ITCA Program as thirty (30) Training Contact Hours that have been approved and accepted by ITCA as **Professional Development Hours (PDHs)** for *Post*-Certification Training Credit. Furthermore, ten (10) of the thirty Professional Development Hours must specifically be in the operator's area of certification (certification specific). The Training Contact Hours must be listed and described on the Renewal Application Form with attached copies of documents showing proof of

attendance. Training Contact Hours submitted to ITCA for approval and acceptance as PDHs must have been earned during the effective time period of the certification being renewed.

#### SYNCHRONIZATION OF MULTIPLE CERTIFICATIONS

Water operators that hold more than one certification with ITCA may request for the synchronization of the effective time periods of those certifications. The certifications will have their effective dates truncated to a common time period.

#### **CERTIFICATION ELIGIBILITY REQUIREMENTS**

Eligibility requirements for ITCA operator certification include the three primary components of education / training, passing score on certification exam, and work experience. These eligibility requirements are described below. **Operator-In-Training (OIT)** status is available for applicants with deficiencies in the eligibility requirements. Please contact the Tribal Water Systems Program Staff at (602) 258-4822 if you have any questions.

- 1) **Required Education / Training:** A high school diploma or G.E.D is required. In addition, U.S. EPA guidelines specify the following minimum number of *Pre*-Certification hours of approved training: five (5) hours for VSWS; twelve (12) hours for Level 1; thirty (30) hours for Level 2; fifty (50) hours for Level 3; and eighty (80) hours for Level 4. ITCA makes determinations on the acceptability of an applicant's *Pre*-Certification training hours.
- 2) **Passing Score**: Currently defined by ABC as a minimum 70% on a 100-question certification exam.
- 3) **Qualifying Experience Requirements:** To be eligible for an ITCA Water Operator Certification, an applicant must, in addition to meeting the required Education / Training and Passing Score requirements, meet following the Qualifying Experience criteria:
  - A. The operator must be currently working at a water utility system on tribal lands for at least six (6) weeks;
  - B. The operator must achieve ITCA Water Operator Certification in sequential order of proficiency levels (i.e., first Level 1, then Level 2, and so on); and
  - C. The operator must have the prerequisite work experience and have **Direct Operational Responsibility**, which ITCA defines as "the active daily on-site <u>operation</u> of a facility or major segment of a facility." This must not be confused with being the operator in charge or having Direct Responsible Charge. ITCA Program guidelines require the following levels of work experience.
    - i. To be eligible for a Very Small Water Systems (VSWS) certification, an applicant must have a minimum of six (6) months of operating experience.
    - ii. To be eligible for a <u>Level 1</u> certification, an applicant must have a minimum of one (1) year of on-the-job experience operating a water system.

- iii. To be eligible for a <u>Level 2</u> certification, an applicant must have a minimum of two (2) years of operator experience, including a minimum of one (1) year of Direct Operational Responsibility experience while holding Level 1 operator certification.
- iv. To be eligible for a <u>Level 3</u> certification, an applicant must have a minimum of four (4) years of operator experience, including: a minimum of one (1) year of Direct Operational Responsibility experience while holding Level 2 operator certification; and be currently operating a system/facility that is classified as either a Level 2 or Level 3 plant.
- v. To be eligible for a <u>Level 4</u> certification, an applicant must have a minimum of six (6) years of operator experience, including: a minimum of two (2) years of Direct Operational Responsibility experience while holding Level 3 operator certification; and be currently operating a system/facility that is classified as either a Level 3 or Level 4 plant.



# Table of ITCA Water Operator Certification Eligibility Requirements

|                          | Certification Level  |  |   |   |  |
|--------------------------|--|--|---|---|--|
|                          | VSWS   | 1  | 2   | 2 3   |  |
| Education                | High School<br>Diploma or<br>GED   | High School<br>Diploma or GED  | High School<br>Diploma or GED   | High School<br>Diploma or GED   | High School<br>Diploma or GED  |
| Prerequisite<br>Training | 5 hours of approved training   | 12 hours of approved training  | 30 hours of approved training   | 50 hours of approved training   | 80 hours of approved training  |
| Passing Score            | 70% or higher  | 70% or higher  | 70% or higher   | 70% or higher   | 70% or higher  |
|                          | Currently working at a facility on tribal lands for at least 6 weeks; and  | Currently working<br>at a facility on<br>tribal lands for at<br>least 6 weeks; and | Currently working<br>at a facility on<br>tribal lands for at<br>least 6 weeks; and  | Currently working<br>at a facility on<br>tribal lands for at<br>least 6 weeks; and  | Currently working<br>at a facility on<br>tribal lands for at<br>least 6 weeks; and   |
|                          | Have minimum of 6 months of on-the-job experience operating a water system | Have minimum of one (1) year of on-<br>the-job experience operating a water system | Have a minimum of two (2) years of operator experience, including a minimum of one (1) year of Direct Operational Responsibility experience while | Have a minimum of four (4) years of operator experience, including: a minimum of one (1) year of Direct Operational Responsibility experience while holding Level 2 operator certification; and | Have a minimum of six (6) years of operator experience, including a minimum of two (2) years of Direct Operational Responsibility experience while holding Level 3 operator certification; and |
|                          |  |  | holding Level 1 operator certification  | Be currently operating a system/facility that is classified as either a Level 2 or Level 3 plant.   | Be currently operating a system/facility that is classified as either a Level 3 or Level 4 plant.  |



## APPLICATION FOR NEW CERTIFICATION FOR DRINKING WATER SYSTEM OPERATORS

An application must be submitted to ITCA Program staff in advance of a scheduled examination session to ensure sufficient time for review of the application and to determine if the applicant is eligible to take the certification exam.

Please use this checklist to help determine if your application is complete and ready to be submitted to ITCA.

| Checklist for Application Completeness |                                      |  |   |           |
|--|--------------------------------------|--|---|-----------|
| Form<br>Page<br>No.                    | Attached with submitted application? | Page<br>Count  | Sections of Application   | Completed |
|  | ]                                    |  | A. General Information  |           |
| 1                                      |                                      | 1  | B. Application Type   |           |
|  |                                      |  | C. Type of Certification For Which You Are Applying   |           |
| 2                                      |                                      | 1  | D. Current Level of Certification   |           |
| 2                                      |                                      | 1  | E. Education  |           |
|  |                                      |  | F. Current Employment   |           |
| 3                                      | 3 🗆 🗆 1                              |  | G. Verification of Work Employment (requires supervisor's signature)                                  |           |
| 4                                      |                                      | 1  | H. Work Experience  | _         |
| 4                                      |                                      |  | Additional Space For Reporting Employment History   |           |
| 5                                      |                                      | I. Tribal Facilities For Which You Have Direct Operational |   |           |
|  |                                      |  | Additional Space For Reporting DOR Facilities   |           |
| 6                                      |                                      | 1  | J. Training Contact Hours   |           |
|  |                                      |  | Additional Space For Reporting Training Contact Hours   |           |
| 7                                      |                                      | 1  | K. Code of Conduct  |           |
| 8                                      |                                      | 1  | L. Acknowledgement  |           |
| 9                                      |                                      | 1  | Attachment: Water System Classification Worksheet<br>Required for applications for Levels 2, 3, and 4 |           |



#### TRIBAL WATER SYSTEMS OPERATOR CERTIFICATION PROGRAM

## APPLICATION FOR NEW (WATER) CERTIFICATION

The ITCA Tribal Water Systems Operator Certification Program is approved by the U.S. Environmental Protection Agency under the National Tribal Drinking Water Operator Certification Program and is made available to all tribes nation-wide.

Return Completed Application to:

A. GENERAL INFORMATION:

Inter Tribal Council of Arizona, Inc. TRIBAL WATER SYSTEMS PROGRAM 2214 N. Central Avenue, Suite 100 Phoenix, Arizona 85004 Phone: (602) 258-4822

Fax: (602) 258-4825 TWSInfo@itcaonline.com

| For Official Use Only - Do not write in this space |
|--|
| Application No                                     |
| Date Initially Received                            |
| Date Deemed Complete                               |
| ITCA Operator ID No                                |
| Notes:   |
|  |

#### TO BE CONSIDERED, THIS APPLICATION MUST BE FULLY AND LEGIBLY COMPLETED

Information provided is used to evaluate the applicant's eligibility for certification. Failure to complete any portion of this form may result in delay or denial of the application. All information provided on this application must be truthful. Failure to provide truthful information may result in denial of certification or revocation.

| First Name of Applicant   | M.I. | Last Name of Applicant   |  |                        |  |
|---|------|--|--|------------------------|--|
| Home Mailing Address (number and street)  |      |  |  |                        |  |
| City  | ity  |  |  | Zip Code               |  |
| Home or Cell Phone Number  ( )  |      |  | E-Mail Address                                     |                        |  |
| B. APPLICATION TYPE:  |      |  |  |                        |  |
| ☐ <u>INITIAL ITCA CERTIFICATION</u> Through Examination   |      | ☐ <u>RECIPROCITY</u> of Current Certification Held with Another Certification Agency |  |                        |  |
| C. <u>CERTIFICATION TYPE AND LEVEL FOR WHICH YOU ARE APPLYING</u> :  (only one certification per application) |      |  |  |                        |  |
| <u>Certification Category</u><br>(Select Only ONE)  |      |  | <u>Level of Certification</u><br>(Select Only ONE) |                        |  |
| ☐ Very Small Water System Operator  |      | Level 1  |  |                        |  |
| ☐ Water <i>Treatment</i> Facility Operator  |      | ☐ Level 2  |  |                        |  |
| ☐ Water <i>Distribution</i> System Opera  | ator |  | ☐ Level 3  |                        |  |
|   |      |  | ☐ Level 4  |                        |  |
|   |      |  | (Class level not applicable for Very               | y Small Water Systems) |  |

| Applicant:  |                          |                               |   | Date:   |
|---|--------------------------|-------------------------------|---|---|
|   |                          |                               |   | ertification of a category and level that is information details below. |
| Certification Type or   |                          |                               |   | Level, Grade, or Class  |
| Issued by what Certi  | fication Agency?         |                               |   | Certification Number  |
| Issuance Date   | Expiration Date          | You obtained                  | the above certification                                       | n through which method?   |
|   |                          | □ Exam                        | ☐ Reciprocity   | * □ Grandfathering**  |
| *If you obtained the  | above certification by   | Reciprocity, wh               | nere did you originally                                       | take a certification exam?  |
| Agency Name:  |                          |                               | Approxin  | nate Exam Date:   |
| Explanation:  |                          |                               |   |   |
| **If you obtained the   | e above certification th | hrough "Grandj                | fathering," what agend  | y originally provided you certification?                                |
| Agency Name:  |                          |                               | Approximate Da  | te of Grandfathering:   |
| Please attach supporting documentation of the grandfathered certification.                        |                          |                               |   |   |
|   |                          |                               |   |   |
| E. EDUCATION:   | : (Check each level o    | f education you               |   |   |
|   |                          |                               |   | t-Secondary Education   |
| ☐ High School Dip   | loma                     |                               |   | redits earned:  |
| ☐ GED Year of HS Graduati   | on / GED completion:     |                               | ☐ Associates Degree (2 year degree), describe:Credits Earned: |   |
| Name and Location of HS / GED Program:  |                          | :                             | ☐ BS/BA Degree (4 year degree), describe:                     |   |
| ***Provide copy of your diploma/GED for ITCA records, unless you have already submitted a copy as |                          | ☐ Graduate Degree,  describe: |   |   |
| part of a previous application.  □ completed neither HS or GED; years of High School completed:   |                          | □ Other; describe:            |   |   |

| Applicant:   |  | Date:                |                      |  |
|--|--|----------------------|----------------------|--|
| F. CURRENT EMPLOYMENT  |  | □ cui                | rrently not employed |  |
| Does your job require you to perform the a   | duties of wastewater system/facility op  |                      |                      |  |
| ☐ Yes If Yes, for how long?  |  | _(number of years,   | months, or weeks)    |  |
| □ No If no, please explain:  |  |                      |                      |  |
| Are you <u>currently</u> working <u>on Federal Tru</u>   | ast Tribal Lands? □ Yes □No              |                      |                      |  |
| If yes, for how long?  |  | years, months, or w  | reeks)               |  |
| What Tribal Lands are you working on (N  |  | , ,                  |                      |  |
| Your Current Job Title   | Name of Utility/Depa                     | rtment/Program/Co    | отрапу               |  |
| Hours per Week   | How long have you worked in this curr    | ent position?   Sta  | rt Date:             |  |
| Work Mailing Address   |  | I                    |                      |  |
| City   | State                                    |                      | Zip Code             |  |
| Work Telephone Number  | Fax Number                               | L                    |                      |  |
| Supervisor's Name Supervisor's telephone number  |  |                      |                      |  |
| Job Duties: Describe your job duties belo  | www. Please be specific. Attach addition | al page if necessary | ·                    |  |
|  |  |                      |                      |  |
| If availabl  | le, please provide a copy of your job de | escription.          |                      |  |
| G. VERIFICATION OF WORK EM facility superintendent or Human Resource   |  | completed by your c  | urrent supervisor or |  |
| I, acknowledge that the dates of employment and job duties as described in section F (Supervisor of Applicant) |  |                      |                      |  |
| under "Current Employment" are accurate to the best of my knowledge for (Applicant's Name)                     |  |                      |                      |  |
| I am responsible for the supervision and/or hiring of this individual and am aware of his daily job duties.    |  |                      |                      |  |
| Supervisor / Facility Superintendent Signa   | ture                                     | Date                 | _                    |  |
| Job Title  |  | ephone number        | _                    |  |

| Applicant:  |                           | Date:                                       |                            |  |
|---|---------------------------|---|----------------------------|--|
| H. WORK EXPERIENCE:   |                           |   |                            |  |
| Estimate the total combined amount of time you had lands)   | ave worked as a wat       | er system operator                          | (both on or off Tribal     |  |
|   | ye                        | ears  |                            |  |
| I am applying for Level certification in  |                           |   | (certification type).      |  |
| How long have you worked at your <u>CURRENT</u> cer (ITCA defines Direct Operational Responsibility a major segment of a water system. Not to be confus | s the active daily on     | n-site operation of a                       |                            |  |
| <i>y</i>  | ears,m                    | onths                                       |                            |  |
| Examples: If you are applying for Level 1 certification in Wat operational responsibility as an operator in training                                    |                           | long have you work                          | sed with direct            |  |
| If you are applying for Level 2 certification in Wat 1 water treatment operator with direct operational   |                           | 'ong have you work                          | xed as a certified Level   |  |
|   | tory – Previous Emp       | oloyment                                    |                            |  |
| Utility/Company Name:   | Type of Utility:          | Type of Utility:                            |                            |  |
|   | □ Water Treatm            | nent  | (PWSID)                    |  |
| State and nearest City:   | □ Distribution_           | □ Distribution(No. of people system serves) |                            |  |
|   | □ Wastewater TreatmentMGD |   |                            |  |
| Tribe Name: (If applicable)   | □ Collection Sy           | estem                                       | (No. of connections)       |  |
| Job Title:  | Hours per Week:           | Start Date:                                 | End Date:                  |  |
| Supervisor's Name:  |                           | Supervisor's telepho                        | one number:                |  |
| Job Duties: (If available, provide a copy of your job do  |                           | describe job duties b                       | pelow. Please be specific. |  |

| Applicant:  |                   | Date:  |                              |  |
|---|-------------------|--|------------------------------|--|
| H. WORK EXPERIENCE: Supplemental Page(s)  |                   |  |                              |  |
| Employment Histo  | ory – Previous Em | ployment   |                              |  |
| Utility/Company Name:   | Type of Utility.  | •  |                              |  |
|   | □ Water Treat     | ment   | (PWSID)                      |  |
| State and nearest City:   |                   |  | lo. of people system serves) |  |
| State and nearest City.   |                   |  | MGD                          |  |
| Tribe Name: (If applicable)   |                   |  | (No. of connections)         |  |
| Job Title:  | Hours per Week:   | Start Date:  | End Date:                    |  |
|   |                   |  |                              |  |
| Supervisor's Name:  |                   | Supervisor's tele  | phone number:                |  |
| Job Duties: (If available, provide a copy of your job des<br>Did your job duties require you to have Direct Operation |                   | -  |                              |  |
| Employment Histo  |                   |  | □ 100                        |  |
| Utility/Company Name:   | Type of Utili     |  |                              |  |
|   |                   |  |                              |  |
|   |                   |  |                              |  |
| State and nearest City:   |                   | ☐ Distribution (No. of people system serves) ☐ Wastewater Treatment MGD  |                              |  |
|   |                   | ☐ Wastewater TreatmentMG ☐ Collection System(No. of connections of the connection of the |                              |  |
| Tribe Name: (If applicable)   |                   | i System   | (110. 0) connections)        |  |
| Job Title:  | Hours per Week:   | Start Date:  | End Date:                    |  |
|   |                   |  |                              |  |
| Supervisor's Name:  | Supervisor's tele | phone number:  |                              |  |
| Job Duties: (If available, provide a copy of your job des   |                   | I<br>e describe job dutie<br>□ Yes   |                              |  |

COPY THIS PAGE IF ADDITIONAL SPACE IS NEEDED TO REPORT EMPLOYMENT HISTORY

| Applicant:   |  | Date:   |  |
|--|--|---|--|
| I T W  |  | D 0 D   |  |
|  | on-site <u>operation</u> of  | HAVE DIRECT OPERATIONAL RESPONSIBILITY  f a water system or major segment of the water system r having Direct Responsible Charge) |  |
|  | // system with which<br>/facility with which                               | h you will work under this proposed certification. Please repeat you will work once you obtain this certification.                |  |
| If you are applying for water treatment for operating. |  | be one water treatment facility that you are / will be responsible  |  |
| Name of Water Facility / System                        |  | PWS Identification Number   |  |
| Name of Tribal Nation and Town/Comm                    | nunity where the wat   | ter facility / system is located  |  |
| Type of Facility / System                              |  | Number of people served:  |  |
| ☐ Water Treatment I ☐ Water Distribution               | •  | and / or  |  |
|  | ·  | Number of service connections:  |  |
| Briefly describe the most significant de               | esign characteristics  | of the facility / system:   |  |
|  |  |   |  |
| Indicate the general source of water.                  |  |   |  |
|  | Groundwater  | or   Surface Water  |  |
| Is this a Consecutive System?                          | No 🗆 Yes   |   |  |
| Are there multi-jurisdictional issues as               | sociated with this fa  | cility / system?  |  |
| If yes, please explain:                                |  |   |  |
| The Facility / System is Classified as:                | Method Used to C   | Classify the Facility / System:   |  |
| ☐ Very Small Water System                              | ☐ U.S. EPA sys.  | tem classification designation documentation  |  |
| ☐ Level / Class 1                                      | ☐ Estimated by completing system classification worksheet provided by ITC. |   |  |
| ☐ Level / Class 2                                      | ☐ Other; please  | e specify:  |  |
| ☐ Level / Class 3                                      |  |   |  |
| ☐ Level / Class 4                                      |  |   |  |
|  | -  | ion, you are required to attach system classification designation ch a completed system classification worksheet.                 |  |

| J. TRAINING CONTACT HOURS:                      |               |                        |                             |                    |
|---|---------------|------------------------|-----------------------------|--------------------|
| The U.S. EPA requires applicants to demo        |               |                        |                             |                    |
| topics specific or relevant to the type of cert | ification. Re | fer to ITCA certificat | ion eligibility requirement | ts for details.    |
| Instructions                                    |               |                        |                             |                    |
| (1) Please list the specialized training yo     |               |                        |                             |                    |
| eligibility criteria associated with this a     |               |                        |                             |                    |
| training course, please separate the sign       |               |                        |                             |                    |
| (2) Attach photocopies of proof of attendant    |               |                        |                             |                    |
| documenting your training activities for        |               |                        |                             | r approval. Please |
| note that lack of attachment of such doc        | umentation n  | nay delay the applicat | ion process.                |                    |
|   |               |                        |                             | Subject-           |
|   |               | Location               | Topic                       | Specific           |
| Course Title                                    | Date(s)       | &                      | Covered                     | Training           |
|   |               | Instructor             | Covered                     | Contact            |
|   |               |                        |                             | Hours              |
| Example:  | 2/10/2025     | San Diego, CA          |                             |                    |
|   | to            | (a) xyz instructor     | (a) pumps & motors          | (a) 0.5 hrs.       |
| XYZ Conference                                  | 2/14/2025     | (b) abc instructor     | (b) water disinfection      | (b) 2.5 hrs.       |
|   |               | (c) 123 instructor     | (c) wastewater              | (c) 1.5 hrs.       |
|   |               |                        | collection                  |                    |
|   |               |                        |                             |                    |
|   |               |                        |                             |                    |
|   |               |                        |                             |                    |
|   |               |                        |                             |                    |
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|   |               |                        |                             |                    |
|   |               |                        |                             |                    |
|   |               |                        |                             |                    |
|   | 1             |                        |                             | 1                  |

Date:

Applicant:\_\_\_\_

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| s to ensure good service and to g water system equipment in a n the industry. I will properly ents of federal, tribal and local changes in the industry and to distinct and safe operating            |
|---|
| to ensure good service and to<br>g water system equipment in a<br>n the industry. I will properly<br>ents of federal, tribal and local<br>changes in the industry and                                 |
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| g water system equipment in a<br>n the industry. I will properly<br>ents of federal, tribal and local<br>changes in the industry and  |
|   |
| at all times as a condition of<br>nger meet any requirements of<br>oing, as a condition of testing  |
| , written, or electronic, under or to assist any other person in rogram; ations of my associates; and am certification requirements,  |
| ures required by the ITCA to nd resulting resolution related sions as an operator of water tental safety.  ators. I understand that my No certification shall be valid ounds for the suspension and / |
|   |

Applicant's Original Signature (Please Sign in Blue Ink)

Date of Signature

| Applicant:   | Date:                                    |  |  |
|--|--|--|--|
|  |  |  |  |
| L. <u>ACKNOWLEDGEMENT</u> :  To be completed by applicant. Read the following statement and sign and date.             |  |  |  |
| I, the undersigned, acknowledge that I am the named applicant submitting   | g this application for certification and |  |  |
| that all information provided in this application is true and correct to the   | best of my knowledge. I understand       |  |  |
| that any misrepresentations may result in ineligibility for certification or revocation of certification if granted. I |  |  |  |
| consent to the investigation of the information I have provided in o   | order to verify my qualifications for    |  |  |
| certification. By signing below, I give the Inter Tribal Council of Arizon   | na, Inc. (ITCA) the right to report test |  |  |
| results and certification application information to the U.S. Environmental Protection Agency (EPA) for the            |  |  |  |
| purposes of evaluating certification eligibility. I waive all claims and agree to indemnify and hold harmless the      |  |  |  |
| ITCA and U.S. EPA for any action taken pursuant to the rules and standards set by the U.S. EPA with regard to          |  |  |  |
| my application, certification examination, and/or my certification except claims based on gross negligence or          |  |  |  |
| lack of good faith.  |  |  |  |
|  |  |  |  |
| Applicant's Original Signature   | Date of Signature                        |  |  |
| (Please Sign in Blue Ink)  | Date of Signature                        |  |  |
|  |  |  |  |

#### **ATTACHMENT 1**

#### WATER TREATMENT FACILITY CLASSIFICATION WORKSHEET

(Required for applications for certification Levels 2, 3, and 4)

According to the *Tribal Drinking Water Operator Certification Program Final Guidelines* (U.S. EPA, 2005), primacy agencies classify water treatment facilities according to the following point rating system. Regional primacy agency offices may increase classification based on other facility characteristics or treatment needs.

| Name of Water Treatment Facility: |                |
|-----------------------------------|----------------|
| Tribal Nation:                    | PWS ID Number: |

|       | Item   | Points | Score |
|-------|--|--------|-------|
| (1)   | Maximum population or part of a system served, at peak day: 1 point per 2,500 served. 10 points maximum.                                       | 1-10   |       |
| (2)   | Design flow average day or peak month's part flow average day, whichever is larger. 1 point per 0.5 MGD, 10 points maximum                     | 1-10   |       |
| Wate  | r Supply Sources   |        |       |
| (3)   | Groundwater without coliform (total, fecal or <i>e.coli</i> ) presence   | 2      |       |
| (4)   | Groundwater with coliform (total, fecal or <i>e.coli</i> ) presence  | 5      |       |
| (5)   | Groundwater under the influence of surface water   | 8      |       |
| (6)   | Surface water  | 10     |       |
|       | Average Raw Water Quality Variation:   |        |       |
|       | Little or no variation – only treatment is disinfection  | 0      |       |
|       | Minor variation – e.g., "high quality" surface source appropriate for slow sand filtration   | 2      |       |
| (7)   | Requires moderate variation in chemical feed, dosage changes made: monthly (3 pts), weekly (4 pts), or daily (5 pts)                           | 3-5    |       |
|       | Variation significant enough to require pronounced and/or frequent changes   | 6      |       |
|       | Severe variation – source subject to non-point discharges, agricultural / urban storm runoff, flooding   | 7      |       |
| (8)   | Raw water quality subject to agricultural or municipal waste point discharge   | 8      |       |
| (9)   | Raw water quality subject to periodic serious industrial waste pollution   | 10     |       |
| (10)  | Taste and/or odor for which treatment process adjustments are routinely made   | 2      |       |
| (11)  | Color levels > NSDWR   | 3      |       |
| (12)  | Iron and/or manganese levels > NSDWR   | 2      |       |
| (13)  | Algal growths for which treatment process adjustments are routinely made   | 3      |       |
| _ /   | nical Treatment / Addition Process   |        |       |
| (14)  | Fluoridation   | 5      |       |
|       | Disinfection:  | •      |       |
|       | If a disinfectant/ oxidizer is generated on-site, add 1 point to the point value shown   |        |       |
|       | Liquid or powdered chlorine  | 5      |       |
|       | Gaseous chlorine   | 8      |       |
| (15)  | Chloramination   | 10     |       |
| ( - ) | Chlorine dioxide   | 10     |       |
|       | Ozonation  | 10     |       |
|       | UV Irradiation   | 2      |       |
|       | Potassium Permanganate   | 4      |       |
| (16)  | pH adjustment (Calcium carbonate, carbon dioxide, hydrochloric acid, calcium oxide, calcium hydroxide, sodium hydroxide, sulfuric acid, other) | 4      |       |
| (17)  | Stability or Corrosion Control (calcium oxide, calcium hydroxide, sodium carbonate, sodium hexametaphosphate, other)                           | 10     |       |

|                            | Item   | Points        | Score                                   |
|----------------------------|--|---------------|---|
| Соад                       | ulation & Flocculation Process   |               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| $\frac{\text{coas}}{(18)}$ | Rapid Mix (mechanical, injection, and in-line blenders)  | 2             |   |
| (19)                       | Primary coagulant addition   | 6             |   |
| (20)                       | Coagulant aid / Flocculant chemical addition (in addition to primary coagulant use)  | 2             |   |
| (21)                       | Flocculation   | 2             |   |
| (21)                       | Filter aid addition (Non-ionic/ anionic polymers)  | 2             |   |
|                            | fication / Sedimentation Process   |               |   |
| (23)                       | Sedimentation (plain, tube, or plate)  | 4             |   |
|                            | Contact adsorption   | 6             |   |
| (24)                       |  |               |   |
| (25)                       | Other clarification processes (air floatation, ballasted clarification, etc.)  | 6             |   |
| (26)                       | Upflow clarification ("sludge blanket")  | 8             |   |
|                            | ation Process  | 1.0           |   |
| (27)                       | Granular media filtration < 3 gpm/sq. ft.  | 10            |   |
| (28)                       | Granular media filtration > 3 gpm/sq. ft.  | 20            |   |
| (29)                       | Direct filtration  | 5             |   |
|                            | Membrane filtration:   |               | r                                       |
| (30)                       | For compliance with a NPDWR  | 10            |   |
|                            | For compliance with a NSDWR  | 6             |   |
| (31)                       | Diatomaceous earth (pre-coat filtration)   | 10            |   |
| (32)                       | Cartridge / bag  | 5             |   |
| (22)                       | Pre-filtration (staged cartridges, pressure sand w/o coagulation, etc.): add one point per   | 1.2           |   |
| (33)                       | stage to max of 3 points   | 1-3           |   |
| Othe                       | r Treatment Processes  |               |   |
| (34)                       | Aeration   | 3             |   |
| (35)                       | Air stripping (includes: diffused air, packed tower aeration)  | 5             |   |
| (36)                       | Ion-exchange / softening   | 5             |   |
|                            | Lime-soda ask softening (includes: chemical addition, mixing / flocculation /  |               |   |
| (37)                       | clarification / filtration – do not add points for these processes separately)   | 20            |   |
|                            | Granular activated carbon filter (do not assign points when included as a bed layer in   |               |   |
| (38)                       | another filter)  | 5             |   |
| (39)                       | Powdered activated carbon  | 2             |   |
| (37)                       | Blending sources with significantly different water quality:   |               |   |
| (40)                       |  | 1             |   |
| (40)                       | To achieve compliance with a NPDWR   | <u>4</u><br>2 |   |
| (41)                       | To achieve compliance with a NSDWR   |               |   |
| (41)                       | Reservoir management employing chemical addition   | 2             |   |
| (42)                       | Electrodialysis  Other (School School | 15            |   |
| (43)                       | Other (Specify, see NOTE below):   | 2-15          |   |
|                            | luals Disposal   |               |   |
| (44)                       | Discharge to surface, sewer, or equivalent   | 1             |   |
| (45)                       | Discharge to lagoon / drying bed, with no recovery / recycling – e.g. downstream outfall   | 1             |   |
| (46)                       | On-site disposal, land application   | 1             |   |
| (47)                       | Backwash recovery / recycling: discharge to basin or lagoon and then to source   | 3             |   |
| (48)                       | Backwash recovery / recycling: discharge to basin or lagoon and then to plant intake   | 5             |   |
| Facil                      | ity Characteristics  |               |   |
|                            | <u>Instrumentation – Use of SCADA or similar instrumentation systems to provide data, with</u>   | <u>:</u>      |   |
|                            | Monitoring / alarm only, no process operation  | 0             |   |
| (49)                       | Limited process operation – e.g. remote shutdown capability  | 1             |   |
| l` ′                       | Moderate process operation   | 2             |   |
|                            | Extensive or total process operation   | 4             |   |
| (50)                       | Design limitations regarding: clearwell, pumps, storage, etc.  | 1-5           |   |
| (33)                       |  |               |   |
| <u> </u>                   | Total Points   |               |   |

| Note: EPA considers the following special processes as "other", including but not limited to POE and POU devices, various adsorption technologies, ion-exchange for Arsenic removal, etc.  MGD – Million Gallons per Day NPDWR – National Primary Drinking Water Regulations NSDWR – National Secondary Drinking Water Regulations POE – Point of Entry POU – Point of Use PWS – Public Water System SCADA – Supervisory Control and Data Acquisition |                                 |  |  |
|---|---------------------------------|--|--|
|   |                                 |  |  |
| VSWS  | ints<br>ints                    |  |  |
| Total Points Calculated on Page 2:  | Estimated Classification Level: |  |  |
| Name of Person Completing This Form:  Job Title:  | (Please Print)                  |  |  |
| Employer / Agency:  |                                 |  |  |
| Signature:  | Date:                           |  |  |

#### **ATTACHMENT 2**

### WATER DISTRIBUTION SYSTEM CLASSIFICATION WORKSHEET

(Required for applications for certification Levels 2, 3, and 4)

According to the Tribal Drinking Water Operator Certification Program Final Guidelines (U.S. EPA, 2005), primacy agencies classify distribution systems according to the following classification system. Regional primacy agency offices may increase classification based on other system characteristics.

Name of Water Distribution System:

| bal Nation: PWSID Number:   |                                     |          |
|---|-------------------------------------|----------|
| System Characteristics  | Check All<br>That Apply             | Level    |
| Population = 3,300 or less  |                                     | L-1      |
| Distribution Storage  |                                     | L-1      |
| Hypochlorination  |                                     | L-1      |
| Population = 3,301 to 10,000  |                                     | L-2      |
| Gaseous and Other Chlorine Disinfectant   |                                     | L-2      |
| Pressure Zones, greater than 5  |                                     | L-2      |
| Recycled Water Distribution   |                                     | L-2      |
| System is Blending Sources to meet Maximum Contaminant Level (MCL)  |                                     | L-2      |
| Population > 10,000   |                                     | L-3      |
| Distribution System Complexity (see definition below)   |                                     | L-2-4    |
| system, such as: pressure zones, booster stations, storage tanks, fire prot residential consumers, cross connection potential, demand variations, size pipes and/or total geographic area that must be considered when classifying to Source: Tribal Drinking Water Operator Certification Program Final Guidel | of pipes, total dehe distribution s | system." |
| Estimated Classification Level:  Estimate Justification: (explain how you determined the classification level)  |                                     |          |
| Job Title:  |                                     |          |
| Employer / Agency:  |                                     |          |
|   |                                     |          |
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