

Division of Surface Water Operator Certification – Wastewater

Send to: OpCert.DSW@epa.ohio.gov

Minimum Staffing Hour Reduction Request Plan - WWTP

Applicant								
Facility Name:								
Mailing Address	s:							
City:					State: Zip:			
Facility Contact:	:		1		-			
Contact Title:								
Phone:	() -		Fax: () - E-mail:					
Facility Informa	ation							
NPDES Permit Number:								
NPDES Permit Renewal Date:								
Facility Classification:		☐ Class II						
		Class III						
		☐ Class IV						
Operator of Record(s) (ORC):				Certification #:				
•	, , , , , ,				Certification #:			
Back-up Operator:				Certification #:				
					Certification #:			
Note: Please p	rovide updated Ope	erator	of Record Form with req	uest.				
							🗖	
	Reduction Option (1	T	4=11		N/A L	
Classification	5 Hour Reducti	on	10 Hour Reduction]]	15 Hour Reduction	1	20 Hour Reduction	
11	here is a Class I operator nsite at the WWTP 3 rs/day, 5 days/wk		There is a Class I operator onsite at the WWTP 4 hrs/day, 5 days/wk	Option Not Available			Option Not Available	
	Option Cho	sen 🗌	Option Chosen					
III	There is another opera certified at a level no r than 2 classes below t the WWTP 2 hrs/day, days/wk	nore hat of	than 2 classes below that of		e is another operator ied at a level no more sses below that of the FP 6 hrs/day, 5 days/	•	There is another operator certified at a level no more than 2 classes below that of the WWTP 8 hrs/day, 5 days/wk	
	Option Chosen		Option Chosen		Option Chosen		Option Chosen	
IV	There is another operator certified at a level no more than 2 classes below that of the WWTP 2 hrs/day, 5 days/wk		There is another operator certified at a level no more than 2 classes below that of the WWTP 4 hrs/day, 5 days/wk	certif 2 clas	2 classes below that of the		There is another operator certified at a level no more than 2 classes below that of the WWTP 8 hrs/day, 5 days/wk	
	Option Cho	sen 🗌	Option Chosen		Option Chos	en 🗌	Option Chosen	
Note: Provide	list of all certified o	perato	ors w/ classification # & v	vork s	schedule with requ	uest.		

Automation or	Continuous Monitoring L	evel Reduct	ion Option (7	Гable В: 3745-7-04)	N/A					
Classification	5 Hour Reduction	10 Hour F	Reduction	15 Hour Reduction	20 Hour Reduction					
II	WWTP has SCADA equipment for monitoring permit requirements (pH, flow, chlorine residual, turbidity, DO, and temp)	WWTP is automated with continuous monitoring.		Option Not Available	Option Not Available					
	Option Chosen	Option Chosen								
III	WWTP has SCADA equipment for monitoring permit requirements (pH, flow, chlorine residual, turbidity, DO, and temp)	WWTP is automated with continuous monitoring.		WWTP is automated with continuous monitoring; WWTP must have personnel onsite at facility or electronic notification system that notifies ORC when problems occur at WWTP.	WWTP is automated with continuous monitoring & electronic notification system or certified operators on each shift that will notify the ORC when problems at WWTP occur; WWTP must also have ability to operate remotely or have certified operator respond within 30 min					
	Option Chosen	Option Chosen		Option Chosen	Option Chosen					
IV	WWTP has SCADA equipment for monitoring permit requirements (pH, flow, chlorine residual, turbidity, DO, and temp)	WWTP is auto continuous mo		WWTP is automated with continuous monitoring; WWTP must have personnel onsite at facility or electronic notification system that notifies ORC when problems occur at WWTP.	WWTP is automated with continuous monitoring & electronic notification system or certified operators on each shift that will notify the ORC when problems at WWTP occur; WWTP must also have ability to operate remotely or have certified operator respond within 30 min					
	Option Chosen	Opt	ion Chosen 🗌	Option Chosen	Option Chosen					
		ı								
	Continuous Monitoring (U			•						
Please describ	e the SOP & calibration f	requency for	continuous	monitoring equipment:						
Total Hour Request										
	Designate what option(s) was used to determine hours and total number of hours requested per option.									
☐ Staffing Lev			hrs.							
	or Continuous Monitoring I	_evel Hours:	hrs.							
	Total Hours	s Requested:	hrs.							
Signature:		_	Date: / /							