



SARATOGA COUNTY DEPARTMENT OF HEALTH

Date: _____

_____ has been working at _____
(Individual Seeking Certification) (Public Water Supply Name)

This operator has completed their education, training, and experience requirements, and is ready to be certified.

Experience with the Water Treatment Plant: _____
(Start Date) (Months of Experience)

Experience with the Distribution System: _____
(Start Date) (Months of Experience)

Operator's Specific Duties Consist of the Following Checked Items

- | | |
|---|---|
| <input type="checkbox"/> Water System Monitoring Rounds
----- | <input type="checkbox"/> Water Pump Maintenance
----- |
| <input type="checkbox"/> Logs and Reports Administration
----- | <input type="checkbox"/> Chemical Pump Maintenance
----- |
| <input type="checkbox"/> Startup/Shutdown of the Water Treatment Plant
----- | <input type="checkbox"/> Water Meter Maintenance
----- |
| <input type="checkbox"/> Chemical Injection Rate Adjustment
----- | <input type="checkbox"/> Valve Maintenance
----- |
| <input type="checkbox"/> Water System Sampling
----- | <input type="checkbox"/> Monitoring/Sampling Equipment Calibration
----- |
| <input type="checkbox"/> Hydrant Flushing
----- | <input type="checkbox"/> Receipt of Chemical Delivery
----- |
| <input type="checkbox"/> Water Leak Investigation
----- | <input type="checkbox"/> Chemical Batch Mixing
----- |
| <input type="checkbox"/> Piping and Service Connection Repair
----- | <input type="checkbox"/>
----- |
| <input type="checkbox"/> Maintenance and Repair Supervision
----- | <input type="checkbox"/>
----- |

I certify that this operator is capable of undertaking the roles and responsibilities to safely and effectively operate this public water supply, or one of equivalent classification. As such, I recommend granting this individual a certification to operate as a Grade _____ operator.
(IA, IB, IIA, IIB, C, or D)

Signature _____ Print Name _____ Date _____

Job Title _____ Public Water Supply Certification(s) _____