



Iowa Department of Natural Resources
 Environmental Services Division
 Field Services and Compliance Bureau
Operator Certification Compliance Plan

SECTION I

Facility Name: _____ Facility Owner: _____
 Facility Type & Classification: _____
 Wastewater Treatment: _____ NPDES #: _____
 Water Treatment & Distribution: _____ PWS ID#: _____
 Other (Landfill, Incinerator, etc.): _____

SECTION II

(check one alternative and provide all information for the alternative checked)

- 1. We will hire a properly certified operator by (specific date): _____
- 2. We will sign an Affidavit (DNR Form 542-3119) with a properly certified operator by (specific date): _____
- 3. We will have a current employee who will be properly certified by (specific date): _____
 Operator Name: _____
- 4. A properly certified operator has already been obtained:
 Operator Name: _____ Certificate Number: _____
 Certificate Grade: _____ Date Hired: _____

**SECTION III
 CERTIFICATION**

I, the undersigned, do hereby state that the preceding represents the intent of the above-named facility to comply with the rules of the Department of Natural Resources.

 Signature of Authorized Representative of Owner

 Title (Mayor, Council Member, Board of Directors Member)

 Date