



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 examination 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