

Section B: To be completed by the Verifier.

Verifier - *This section is to be completed by the applicant's supervisor or other individual in responsible charge at the facility listed in Section A4.*

Complete items #10 through #16. Return it to the applicant for inclusion in his/her application package. Your prompt response is appreciated.

10. Was the applicant employed during the time period indicated in Section A.7?

No ☐ If no, clarify the dates: _____

Yes ☐

11. **Waterworks Facilities:**

Design Hydraulic Capacity: _____ MGD Number of persons served: _____

Treatment Methods Used (check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Slow sand filtration _____ gpm/square foot | <input type="checkbox"/> Membrane technology * without pretreatment |
| <input type="checkbox"/> Biological activated carbon contactors | <input type="checkbox"/> Membrane technology * requiring pretreatment consisting of pH adjustment |
| <input type="checkbox"/> Aeration | <input type="checkbox"/> Membrane technology * requiring pretreatment other than pH adjustment |
| <input type="checkbox"/> Rechlorination other than with hypochlorination | <input type="checkbox"/> Corrosion control |
| <input type="checkbox"/> Activated carbon contactors | <input type="checkbox"/> Disinfection other than hypochlorination |
| <input type="checkbox"/> Iron and Manganese removal | <input type="checkbox"/> Hypochlorination |
| <input type="checkbox"/> Ion exchange | <input type="checkbox"/> No Treatment |

Chemical coagulation or lime softening in combination with:

- | | |
|--|--|
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Aeration |
| <input type="checkbox"/> Rapid sand filtration _____ gpm/square foot | <input type="checkbox"/> Corrosion control |
| <input type="checkbox"/> Fluoridation | <input type="checkbox"/> Membrane technologies * |
| <input type="checkbox"/> Disinfection | |

* "Membrane technologies" includes electrical dialysis reversal, reverse osmosis, ultra filtration, micro filtration, and nano filtration.

Chemical coagulation or lime softening coupled with multimedia granular filtration or granular filtration at rates above 2.0 gpm/square foot in combination with:

- | | |
|--|--|
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Aeration |
| <input type="checkbox"/> Fluoridation (continued on next page) | <input type="checkbox"/> Corrosion control |
| <input type="checkbox"/> Disinfection | |

Diatomaceous earth filtration coupled with:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Aeration | <input type="checkbox"/> Disinfection |
| <input type="checkbox"/> Corrosion control | <input type="checkbox"/> Fluoridation |

12. **Wastewater Facilities:**

Design Hydraulic Capacity: _____ MGD

Treatment Methods Used (check all that apply)

Natural treatment methods **

Biological treatment methods consisting of:

- ☐ Suspended growth reactors
- ☐ Aerated lagoons
- ☐ Constructed wetlands
- ☐ Biological filters or other attached growth contractors
- ☐ Processes using biological nutrient control
- ☐ Processes utilizing land application

Advanced waste treatment methods consisting of:

- ☐ Ammonia stripping
- ☐ Breakpoint chlorination
- ☐ Carbon absorption
- ☐ Chemical coagulation
- ☐ Flocculation
- ☐ Precipitation
- ☐ Filtration
- ☐ Demineralization ***

** Those not utilizing aerated or mixed flows and not using electrical or outside energy sources to accomplish treatment

*** Ion exchange, reverse osmosis or electrodialysis

13. Was the applicant's experience during his/her employment period **solely** limited to the operation and maintenance of wastewater collection systems and water distributions systems, laboratory work, plant maintenance, and other nonoperating duties?

No ☐ If no, specify the applicant's duties below.

Yes ☐ If yes, these duties shall not be counted as experience as an operator or as an operator-in-training.

14. Was the applicant's experience during his/her employment period limited to water distributions system operation and maintenance?

No ☐

Yes ☐ If yes, the applicant's experience is only considered when applying for a Class 5 or Class 6 waterworks operator.

15. Certifying Supervisor's Virginia Operator License No.:

Virginia License Number

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Expiration Date _____

16. I certify that the applicant has met the experience requirements of 18VAC 160-30-95 & 18VAC 160-30-110 of the Board for Waterworks and Wastewater Works Operator and Onsite Sewage System Professionals Regulations and that, to the best of my knowledge, all information provided on this form is true and accurate.

Print Supervisor's Name & Title _____

Supervisor's Signature _____ Date _____