



# Wastewater Stabilization Pond (Lagoon) Exam Registration & Certification Form

## Operator Information:

Are you a lagoon operator?  Yes  No

Note: If you are NOT an operator, you must attach documentation of completing a DEC approved training course.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Years of Education Completed: \_\_\_\_\_ Length of time as the lagoon operator: Years: \_\_\_\_ Months: \_\_\_\_

Note: The minimum education requirement is a high school diploma or G.E.D.

## Wastewater Stabilization Pond Information:

System Name: \_\_\_\_\_

Number of Cells: \_\_\_\_\_ Is the effluent of the lagoon disinfected?  Yes  No

Exam Location in Alaska: \_\_\_\_\_

### Alaskan Operator Code of Ethics

*To the best of my ability, I will strive to provide good service, protect and preserve public health, public property and the environment by correctly operating water supply and wastewater system equipment, properly completing required reports, adhering to relevant State and Federal regulations, continuing my education in the field, and working with my utility managers to establish clear operating policies for facilities I operate.*

## Signature of Applicant

- I certify that the information provided in this application is true and complete to the best of my knowledge.
- I understand that any certification issued based on any omissions or misrepresentations may be revoked by the Operator Training and Certification Program per 18 AAC 74.830.
- I authorize the Operator Training and Certification Program to conduct an investigation of my employment and educations records, as well as other statements, for the purpose of verifying my qualifications for certification.
- I understand that this application is a public document and is subject to release upon a request for information.
- I agree to abide by the "Alaskan Operator Code of Ethics."

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Exam Fee: \$150

Make checks payable to "State of Alaska."

The application fee can also be paid online. The link to the online payment instructions is at

<http://dec.alaska.gov/water/operator-certification/online-fee-payment-standard-fees>

Include a copy of your online payment receipt with your application.

### Mail to:

Operator Certification Program

P.O. Box 111800

Juneau, AK 99811-1800

Email: [dec.opcert@alaska.gov](mailto:dec.opcert@alaska.gov)

For ADEC Use Only:

Payment: \_\_\_\_\_

Exam Type: \_\_\_\_\_

Location: \_\_\_\_\_