



Iowa Department of Natural Resources
Environmental Protection Division

Water and Wastewater Operator Certification Program Affidavit

NOTE: Please read information on the reverse before completing this affidavit.
This affidavit must be completed and submitted in four notarized copies.

Certified Operator Completes	Owner of Facility Completes
Operator Name _____	Facility Name _____
Certificate Number _____	City _____
Date of Certificate Expiration _____	County _____
Operator Certificate Class and Grade	Facility Type and Grade (A, I or II)
Water Treatment _____	Water Treatment _____
Water Distribution _____	Water Distribution _____
Wastewater Treatment _____	Wastewater Treatment _____
Wastewater Lagoon _____	Wastewater Lagoon _____

List Facility(s) For Which Operator has Current Direct Responsibility:

AFFIDAVIT OF OPERATOR

Having been duly sworn, I state that the information relative to my operator certificate in the State of Iowa, as shown above, is true; that the certificate identified above has no restrictions; and that all the facilities for which I currently have direct responsibility are listed above. I further state that I agree to accept direct responsibility for operation of the facility identified; that I will operate and maintain the facility as required by the laws of the State of Iowa; and that I will notify the Department of Natural Resources at least thirty days before termination of this agreement.

Type or Print Name _____	Title _____
Signature _____	Date _____

AFFIDAVIT OF OWNER/REPRESENTATIVE

Having been duly sworn, I state that I am the owner or representative of the owner of the facility identified above; that I understand and agree that this facility does not have first rights on the services of the operator identified in this affidavit; and that the owner retains responsibility for the capital expenditures necessary to assure that this facility shall be maintained in good repair, as required by the laws of the State of Iowa. I further state that I will notify the Department of Natural Resources at least thirty days before the termination of this agreement.

Type or Print Name _____	Title _____
Signature _____	Date _____

This Section to be Completed by Notary Public
State of Iowa, County of _____ Subscribed and sworn before me this _____ Day of _____ , _____ Notary Public _____ My commission expires _____
For Action by the Department of Natural Resources
Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> For the Director: _____ Title _____ Date _____

INFORMATION RELATIVE TO SHARING OPERATOR SERVICES

Operator by Affidavit may be used to satisfy the requirements of the law by securing the services of a properly certified operator and with that operator, jointly executing the affidavit on the reverse. The affidavit may be used to meet the requirements for a Grade A, 1 or 2 certified operator as required by Chapter 455B, Code of Iowa.

Completion of this affidavit places the certified operator in direct responsibility for the daily operation of the facilities. Therefore, the certified operator must have authority to direct the operator of the facility, including direction of the work efforts of other employees. This includes completion of the operation reports, assuring all sampling takes place as required, and that the plant is maintained in good condition and operated to produce the best quality water possible in accordance with requirements of Chapter 455B, Code of Iowa and 567 IAC. Failure of the operator to provide the required degree of responsible charge or operation could result in the certified operator being subject to disciplinary action in accordance with the provisions of Chapter 567 IAC 81.

Implicit in the statements made by the parties to this agreement is the understanding that:

- The facility owner has delegated to the operator the authority necessary to assume direct responsible charge of the operator and maintenance of the system.
- The operator, by signing this affidavit, assumes direct responsible charge of the systems operation and maintenance.
- Both parties to the agreement understand that the municipality or public water supply does not have first rights to the services of the affidavit operator.
- The Department may assign additional requirements.
- The Department approves the operator by affidavit contract.
- Operator by Affidavit is allowed for facilities classified as Grade A, 1, 1L, 2, 2L.