



Division of Drinking and Ground Waters
Operator Certification Unit

Send to: Ohio EPA-DDAGW
P.O. Box 1049
Columbus, OH 43216-1049

Minimum Staffing Hour Reduction Request Plan – PWS

| Applicant | | | |
|-------------------|------------|----------|--|
| Facility Name: | | | |
| Mailing Address: | | | |
| City: | State: | Zip: | |
| Facility Contact: | | | |
| Contact Title: | | | |
| Phone: () - | Fax: () - | E-mail : | |

| Facility Information | | | |
|---|--|--|--|
| PWS ID Number: | | | |
| Facility Classification: | <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV | | |
| Operator of Record(s) (ORC): | | | |
| ORC Certification Number(s): | | | |
| Back-up Operator(s): | | | |
| Certification Number(s): | | | |
| <i>Note: Please provide updated Operator of Record Form with request.</i> | | | |

| Staffing Level Reduction Option (Table A: 3745-7-03) N/A <input type="checkbox"/> | | | | |
|--|--|--|--|--|
| Classification | 5 Hour Reduction | 10 Hour Reduction | 15 Hour Reduction | 20 Hour Reduction |
| II | There is a Class I operator onsite at the PWS 3 hrs/day, 5 days/wk | There is a Class I operator onsite at the PWS 4 hrs/day, 5 days/wk | Option Not Available | Option Not Available |
| | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> | | |
| III | There is another operator certified at a level no more than 2 classes below that of the PWS 2 hrs/day, 5 days/wk | There is another operator certified at a level no more than 2 classes below that of the PWS 4 hrs/day, 5 days/wk | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> |
| | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> | | |
| IV | There is another operator certified at a level no more than 2 classes below that of the PWS 2 hrs/day, 5 days/wk | There is another operator certified at a level no more than 2 classes below that of the PWS 4 hrs/day, 5 days/wk | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> |
| | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> | | |
| <i>Note: Provide list of all certified operators w/ classification # & work schedule with request.</i> | | | | |

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|--|--|--|--|--|
| Automation or Continuous Monitoring Level Reduction Option (Table B: 3745-7-03) N/A <input type="checkbox"/> | | | | |
|--|--|--|--|--|

| Classification | 5 Hour Reduction | 10 Hour Reduction | 15 Hour Reduction | 20 Hour Reduction |
|----------------|--|--|--|--|
| II | PWS has SCADA equipment for monitoring permit requirements (turbidity, fluoride, pH, flow, temp and chlorine residual) | PWS is automated with continuous monitoring. | Option Not Available | Option Not Available |
| | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> | | |
| III | PWS has SCADA equipment for monitoring permit requirements (turbidity, fluoride, pH, flow, temp and chlorine residual) | PWS is automated with continuous monitoring. | PWS is automated with continuous monitoring; PWS must have personnel onsite at facility or an electronic notification system that notifies ORC when problems occur at PWS. | PWS is automated with continuous monitoring & electronic notification system or certified operators on each shift that will notify the ORC when problems at PWS occur; PWS must also have ability to operate remotely or have certified operator respond within 30 min |
| | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> |
| IV | PWS has SCADA equipment for monitoring permit requirements (turbidity, fluoride, pH, flow, temp and chlorine residual) | PWS is automated with continuous monitoring. | PWS is automated with continuous monitoring; PWS must have personnel onsite at facility or electronic notification system that notifies ORC when problems occur at PWS. | PWS is automated with continuous monitoring & electronic notification system or certified operators on each shift that will notify the ORC when problems at PWS occur; PWS must also have ability to operate remotely or have certified operator respond within 30 min |
| | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> | Option Chosen <input type="checkbox"/> |

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|---|
| Automation / Continuous Monitoring (Use additional Sheets if necessary) |
| <i>Please describe the SOP & calibration frequency for continuous monitoring equipment:</i> |
| |

| | |
|--|---|
| Total Hour Request | |
| <i>Designate what option(s) was/were used to determine hours and total number of hours requested per option.</i> | |
| <input type="checkbox"/> Staffing Level Hours: | hrs. (Can be less than the maximum available) |
| <input type="checkbox"/> Automation or Continuous Monitoring Level Hours: | hrs. (Can be less than the maximum available) |
| Total Hours Requested: | hrs. (Can be less than the maximum available) |
| Signature: | Date: / / |

| | | | |
|-----------------------------|-----------------------|--------------|---------------|
| For office use only: | Hours granted: | Date: | Staff: |
|-----------------------------|-----------------------|--------------|---------------|

Any questions please call 614-644-2752 and ask for the Operations Section.