



Illinois Environmental Protection Agency

Bureau of Water • 2520 W Iles Avenue

• P.O. Box 19276 • Springfield • Illinois • 62794-9276

Wastewater Operator Contract Form

Instructions

1. This form must be typewritten or printed legibly. This form may be completed manually or online using Adobe Reader, a copy of it saved locally, printed, and signed before it is submitted to:

Illinois Environmental Protection Agency
Wastewater Operator Certification Program
BOW/DWPC/CAS #19
2520 West Iles Avenue
P.O. Box 19276
Springfield, IL 62794-9276

Contracts that are emailed or faxed to the Illinois EPA will not be accepted. Contracts must have original signatures.
2. Fill out **ALL** sections of the contract form.
3. The contract operator **MUST** be properly certified at the classification level, or a higher classification than is required to operate the facility.
4. Contracts **MUST** specify a Contract Start **AND** Expiration Date. ***Contracts that list the Expiration Date as 'Open' or have no date listed will automatically expire one year from the Contract Start Date.***
5. Contracts are only allowed a **maximum of a 3-year** timeframe. ***Contracts that list the Expiration Date as any date beyond 3 years from the Contract Start Date will automatically expire 3 years from the Contract Start Date.***
6. Contracts **MUST** specify the **appropriate** minimum number of visits per week or month that is **required for the Group Level** of the facility type. *Refer to the Recommended Guidelines for Wastewater Contract Operator Facility Site Visits.*
7. The contract **MUST** **designate which party is in responsible charge of meeting the minimum 11 contract requirements.**
8. Contracts **MUST** be signed by **BOTH** the Owner **and** the Operator. ***If either original signature is missing, the contract will be returned unapproved.***
9. Additional contract provisions between the facility owner and the operator may be submitted as an attachment to the contract form.
10. The contractual agreement **MUST** be **submitted to the Agency within 30 days of the effective Contract Start Date of the contractual agreement..**
11. The **Agency MUST be notified** by the owner in writing **within seven days** should the contract be terminated prior to the expiration date of the contract.
12. A new contract **MUST** be submitted if any changes, modifications, or extensions are made to the contractual agreement, including a change in the properly certified operator.
13. The contract operator is required to maintain records to document that all contract provisions are being met.
14. Please keep a copy of the completed contract form for your records.
15. For questions about, or assistance with, filling out this form please call: (217) 782-9720.



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Wastewater Operator Contract

Facility Information:

Facility Name: _____ NPDES Permit Number: _____

Facility Owner/Contact: _____ Email Address: _____

Facility Physical Address:

Street: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone (w/area code): _____

Facility Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Facility Type (Check One):

What is the Group Level of the facility engaged in this contract?

☐ **Group 1** - Greater than 1.0 MGD

☐ **Group 2**

☐ **Group K** - Industrial

☐ Activated Sludge Plant

☐ Small Package Plant

☐ **Group 3**

☐ **Group 4**

☐ Fixed Film Processes

☐ RBCs

☐ Non-aerated Lagoons **With** Lift Stations

☐ Aerated Lagoons

☐ Imhoff Tanks/Sand Filters

☐ Trickling Filters

☐ Non-aerated Lagoons **Without** Lift Stations

☐ Other

☐ Other

What is the Design Average Flow (DAF) of the facility engaged in this contract? ☐ 1.0 MGD or greater ☐ Less than 1.0 MGD

Contract Operator Personal Information:

Contract Operator Name: _____

Operator ID # (if known): _____ or Last 4 Digits of Social Security #: _____

Certified Class Level: _____

Home Address

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home Phone #: _____

(with area code first)

(with area code first)

Contractor Operator Business Information:

Business Name (if applicable): _____

Mailing Address: _____

P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number (with Area Code): _____

Contract Start Date: _____ **Contract Expiration Date:** _____

The contract must specify a Start and Expiration Date. If no expiration date is specified, or is specified as 'open', the contract will automatically expire one year from the Contract Start Date. Contracts are only allowed a maximum of a 3-year timeframe. Contracts that list the Contract Expiration Date as any date beyond 3 years from the Contract Start Date will automatically expire 3 years from the Contract Start Date.

Minimum Number of Visits per: Week: _____ Month: _____ **Number of Hours/Visit:** _____

*Contracts **MUST** specify the appropriate minimum number of visits and/or hours per week or month that is required for the Group Level of the facility type. Refer to the Recommended Guidelines for Wastewater Contract Operator Facility Site Visits.*

Party in Responsible Charge For (at a minimum):***N/A IS NOT AN OPTION FOR ITEMS MARKED WITH AN ASTERISK(*)***

	<u>Operator</u>	<u>Owner</u>	<u>N/A</u>
1. Proper operation of the wastewater treatment plant, including meeting all NPDES permit effluent requirements;	<input type="checkbox"/>	<input type="checkbox"/>	*
2. Sample collection pursuant to the NPDES permit;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Preparation, signature, and submittal of Discharge Monitoring Reports;	<input type="checkbox"/>	<input type="checkbox"/>	*
4. Laboratory analysis;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Maintaining lift stations;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintaining spare parts inventory;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintaining required operating records and reports;	<input type="checkbox"/>	<input type="checkbox"/>	*
8. Providing labor and materials for correcting any maintenance and operational problems;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Maintaining, and if necessary, implementing emergency operating plan;	<input type="checkbox"/>	<input type="checkbox"/>	*
10. Performing preventative maintenance on equipment as recommended by the manufacturer;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Performing routine operational control testing as recommended by the Agency.	<input type="checkbox"/>	<input type="checkbox"/>	*

Operator's PRIMARY Role with this Contract (please check one):

- ☐ Active, hands-on operations and maintenance
- ☐ Reports and record-keeping only (Please mark applicable items above).
- ☐ Supervisory only (Please mark the items above in which you will be supervising).

Please attach any additional contract provisions between the operator and facility to this form. If a contract narrative is attached to the contract form it MUST reflect the party responsibilities as noted on the contract form. If there is a discrepancy between the contract form and the contract narrative, the contract will be returned unapproved.

Signatures:

Contracts MUST be signed by BOTH the Owner and the Operator. If either original signature is missing, the contract will be returned unapproved.

Add Attachments

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)). Falsification of any information in this application by either party, applicant or supervisor, will disqualify the application and be grounds for sanctions of current certificates held by either party (35 Ill. Adm. Code, Subtitle C, Chapter II, Part 380, Section 380.515(b)).

Responsible Party/Facility Owner:	Title:
Signature:	Date:
Properly Certified Operator	Title:
Signature:	Date:

Return Completed Contract Form To:

Illinois Environmental Protection Agency
Wastewater Operator Certification Program
BOW/DWPC/CAS #19
2520 West Iles Avenue
P.O. Box 19276
Springfield, Illinois 62794-9276

Pursuant to 35 Ill. Adm. Code 380.1020, the Agency will approve a contract agreement when the contractual operator is properly certified and the provisions of Sections 380.1000, 380.1005 and 380.1010 are satisfied. The Agency will withdraw an approval when it is determined that the contract provisions are not being met or are inadequate to assure proper operation of the wastewater treatment works.

Pursuant to 35 Ill. Adm. Code 380.1015, the contract operator shall maintain records to document that all contract provisions are being met. Pursuant to 35 Ill. Adm. Code 380.1025, modification or extensions to contractual agreements must be submitted to the Agency as a new contract.

*****IEPA USE ONLY*****

Approved By:	Date Approved:	FSP #:	New Contract Expiration Date:
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Recommended Guidelines for Wastewater Contract Operator Facility Site Visits

This is a GENERAL guideline for the recommended MINIMUM number of site visits and minimum number of hours per visit required for wastewater contract operators at each facility type.

Facility Group Level	<u>Full Operation (On-Site)</u>	<u>Supervisory Only (On-Site)</u>
Group 1 (1.0 MGD or Greater)	5 Days/Week and 8 Hours/Day (facility employee must be present weekends and holidays)	3-5 Days/Week and 3-5 Hours/Day + 1 Hour/Day on Saturday, Sunday and Holidays (facility employee must be present daily)
Group 2		
Activated Sludge	5 Days/Week and 4-6 Hours/Day (facility employee must be present weekends and holidays)	3 Days/Week and 2 Hours/Day when the supervisee is present (facility employee must be present daily)
Small Package Plant	1 Day/Week and 1-2 Hours/Day (facility employee must be present daily)	1 Day/Month and 2 Hours/Day when the supervisee is present (facility employee must be present daily)
Group 3		
Fixed Film Processes	5 Days/Week and 3 Hours/Day (facility employee must be present daily)	1-2 Days/Week and 2-4 Hours/Week when the supervisee is present (facility employee must be present daily)
Imhoff Tanks/Sand Filters	1 Day/Week and 2 Hours/Day (facility employee must be present daily)	1-2 Days/Month and 1-2 Hours/Day when the supervisee is present (facility employee must be present daily)
RBCs OR Trickling Filters	5 Days/Week and 4-6 Hours/Day (facility employee must be present daily)	2-3 Days/Week and 2-4 Hours/Week when the supervisee is present (facility employee must be present daily)
Group 4		
Aerated Lagoons	1-2 Days/Week and 2-4 Hours/Day (facility employee must check the WWTP and lift stations daily)	1-2 Days/Month and 2 Hours/Day when the supervisee is present (facility employee must be present daily)
Non-Aerated Lagoons with Lift Stations	1-2 Days/Week and 2-4 Hours/Day (facility employee must check the lift stations daily)	1-2 Days/Month and 2 Hours/Day when the supervisee is present (facility employee must be present daily)
Non-Aerated Lagoons without Lift Stations	1-2 Days/Month and 2 Hours/Day	1 Day/Month and 2 Hours/Day when the supervisee is present
Group K	Number of visits will be based on the complexity of the treatment process.	1 Day/Month and 2 Hours/Day when the supervisee is present
		1 Day/Quarter and 2 Hours/Day when the supervisee is present
Group K-WR – The visits must be made by the certified Class K-WR operator, not the sampling technician.	2 Days/Month during the first 90 days the system is in operation. 1 Day/Month for the duration of system operation. Emergency visits need to be made within 24-hours after any system malfunction/shutdown.	