



# OPERATOR CERTIFICATION CONTRACT

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF MUNICIPAL FACILITIES

SFN 60704 (2-2015)

## General Information

<b>Section 1. Parties Involved</b>						
Contract Operator/Sampler						
Operator Grade(s)						
Water Treatment	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Water Distribution	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Wastewater Collection	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Wastewater Treatment	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Public Water/Wastewater System						
System Classification(s)						
Water Treatment	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Water Distribution	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Wastewater Collection	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Wastewater Treatment	1A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
System Contact/Operator						
<b>Section 2. Public Water/Wastewater System Responsibilities</b>						
Meet Safe Drinking Water Act (SDWA) requirements. <b>Required</b>						
Maintain correspondence and sample results onsite for review during sanitary survey. <b>Required</b>						
System must specify address for sample bottle/kit delivery. <b>Required</b>						
Address: _____						
Provide additional personnel.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide materials and equipment.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pay for mileage.					Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Drinking Water Section

<b>Section 3. Recommended Minimum Requirements for Contracting Water Operator</b>		
Be onsite for all Department inspections.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maintain an appropriate valid operator certificate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide work schedule for onsite visits and routine communication.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Be available for emergency situations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Supervise system personnel.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Review system operation, maintenance, and administrative records.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maintain appropriate records for SDWA compliance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Section 3a. Other Water Operator Duties</b>			
Collect and submit water samples. (Check samples to be taken)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Bacteria/Chlorine-Chloramine <input type="checkbox"/>	Lead/Copper <input type="checkbox"/>	Nitrates-Nitrites <input type="checkbox"/>	Radionuclides <input type="checkbox"/>
Stage 2 Disinfection ByProducts <input type="checkbox"/>	Arsenic <input type="checkbox"/>	Phase II-V(Waiver) <input type="checkbox"/>	
Exercise hydrants and valves.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Read, maintain, and test customer meters.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Answer customer complaints.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Operate and maintain water system.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Take disinfection residual measurements.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Maintain minimum disinfectant residual throughout distribution system.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Take fluoride measurements/Maintain optimum fluoride level throughout distribution system.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Perform ongoing and preventative maintenance.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Analyze operational data to determine need for improvements.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Develop water system budget.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide safe working environment.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Review and schedule operator training.			Yes <input type="checkbox"/> No <input type="checkbox"/>

## Wastewater Section

<b>Section 4. Recommended Minimum Requirements for Contracting Wastewater Operator</b>		
Discharge in accordance to North Dakota wastewater permit.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Maintain appropriate records for wastewater compliance.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Be available for emergency situations.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Maintain an appropriate valid operator certificate.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Be onsite for all Department inspections.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervise system personnel.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide work schedule for onsite visits and routine communication.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Review system operation, maintenance, and administrative records.		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Section 4a. Other Wastewater Operator Duties</b>		
Operate and maintain wastewater system.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Exercise valves and blow-offs.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Sample all discharges including bypasses.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Perform ongoing and preventative maintenance.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Develop budget for wastewater system.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide safe working environment.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Analyze operational data to determine need for improvements.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Review and schedule operator training.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Collect and submit samples.		Yes <input type="checkbox"/> No <input type="checkbox"/>

## Terms and Dates

<b>Section 5. Contract Dates</b>		
The Department recommends contracts last no longer than three years and be subject to review and renewal upon expiration.		
Start Date	End Date	Renewal Date
<b>Section 6. Terms of Agreement</b> (Identify the terms of agreement)		
Duties and responsibilities of all parties are identified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indemnity: One party agrees to indemnify another party.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance: One party shall secure insurance during the contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any modifications will be incorporated into the contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A termination agreement has been incorporated into the contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Federal or state assistance assurance forms are included if required.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acceptance: All parties are aware of all conditions of the contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signatures of approval for all parties involved are included.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Section 7. Disclaimer</b>		
The certified operator and system must notify the Department in writing within 30 days of any modification, renewal, or termination of the contract agreement. It is the responsibility of the contracting operator to notify his or her primary employer of the contract agreement.		

## Signatures

<b>Section 8. Approval Signatures</b>	
All parties agree that the contract information provided to the Department is complete and accurate.	
Operator Approval	System Approval
Signature	Signature
Date	Date
Title	Title
For Department Use Only	<p><b>Send this contract along with any additional explanations and documentation to:</b></p> <p><b>Division of Municipal Facilities</b>  <b>918 E. Divide Ave., 3rd Floor</b>  <b>Bismarck, ND 58501-1947</b>  <b>Telephone Number 701.328.5211</b>  <b>Fax Number 701.328.5200</b>  <b>www.ndhealth.gov</b></p>