



**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
POLLUTION CONTROL WASTEWATER OPERATOR CERTIFICATION
PROFESSIONAL REFERENCE**

(Reference must be a certified operator)

NAME OF APPLICANT: _____

NAME OF REFERENCE (please print) _____

EMPLOYER OF REFERENCE: _____

ADDRESS: _____

PHONE# OFFICE: _____ **CELL:** _____

RELATIONSHIP OF APPLICANT: _____

- **What is the name and location of the wastewater facility for which you have direct knowledge of the applicant's work?**

Facility: _____ **County:** _____ **State:** _____

- **How long was the applicant employed at the facility? From:** _____ **To:** _____
- **What is/was the type of treatment process where the application is/was employed?**

Lagoon _____ **Aerated Lagoon** _____ **Trickling Filter** _____ **Activated Sludge** _____

Collection System Only _____

Other (specify): _____

- **What is/was the design (permitted) flow at the facility where the applicant is/was employed? _____ MGD Don't know _____**
- **What were the duties of the applicant during this employment? (Be Specific!)**

Did the applicant perform these duties satisfactorily? Yes ___ **No** ___ **Don't know** ___

- **Additional Comments:**

I HEREBY ATTEST THAT THE INFORMATION PROVIDED BY ME IN THIS MATTER IS TRUE AND CORRECT. I FURTHER ATTEST THAT I AM A CERTIFIED WASTEWATER OPERATOR AND I HOLD A CLASS I II III IV I-C II-C CERTIFCATION # _____

SIGNATURE:

DATE: