MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
POLLUTION CONTROL OPERATOR CERTIFICATION

PROFESSIONAL REFERENCE

Name of Applicant:
Name of Reference:
Employer:
Address:
Street City State Zip
Phone: Office: Home:
Relationship to Applicant:
1. What is the name and location of the wastewater facility for which you have direct knowledge of the applicant's work experience? Facility: County: State:
2. How long was the applicant employed at the facility? From:_____ To:_____
3. What is/was the type of treatment process where the applicant is/was employed? Lagoon___ Aerated Lagoon____ Trickling Filter____ Activated Sludge____ Collection System Only ____ Other (specify):_____
4. What is/was the design (permitted) flow at the facility where the applicant is/was employed? _____MGD Don't know_____
5. What were the duties of the applicant during this employment? **Be Specific !!** _____ _____ _____
6. Did the applicant perform these duties satisfactorily? Yes___ No___ Don't know___
7. Additional comments: _____ _____ _____
I hereby attest that the information provided by me in this matter is true and correct. Signature:_____Date:_____