

#### The Importance of Proper Staffing

Proper staffing is crucial for facilities as it directly influences operational efficiency, safety, and overall performance. Adequate staffing ensures that tasks are managed effectively, reducing the risk of errors and delays. Skilled and qualified personnel contribute to consistent quality standards, smoother workflow, and timely maintenance, all of which are essential for optimal functioning. Furthermore, proper staffing supports regulatory compliance, enhances employee morale, and promotes a conducive environment for innovation and growth. Ultimately, it is the foundation for a well-organized and successful facility that can meet its objectives while prioritizing the wellbeing of its workforce and stakeholders.

### The Importance of Regular Facility Updates

Adhering to regulations 401 KAR 8:030 and 401 KAR 11:020 when providing the Cabinet with facility and operator information is vital to ensure the safety, efficiency, and compliance of water systems. By following these regulations, accurate and up-to-date data is supplied, enabling informed decision-making, effective resource allocation, and prompt responses to potential issues. This commitment to regulatory compliance helps maintain public health, enhances environmental sustainability, and fosters trust in the water management process.

## regulatory and compliance

Instructions regarding how to complete the Facility Update eForm can be obtained from the OCP Webpage.

For information on becoming a certified operator, training schedules, and resources, visit the Kentucky Operator Certification Program website.

# Certifying Professionals



Questions: Ph: 502-564-3170

E-mail: kyocp@ky.org

KENTUCKY

FACILITY UPDATES

Application Forr



1. After logging onto the Kentucky Online Gateway select **Forms** from the top blue ribbon.

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Pr	roceed						

- 2. The quickest way to search the Wastewater and Drinking Water Facility Update form is using its Form ID 136. The Form ID is located on the right hand side of the page. Type the Form ID number is the space below and click **Enter** on your keyboard.
- 3. To open a new form, select the + sign located under **Add Form** on the left hand side of the page.

Drag a colu	mn header and drop it here to group by that column			
Add Form	Form Name	Division	Department	Form Id
				136

4. Before the whole application will appear, you will have to select **Drinking Water** or **Wastewater** from the drop down box.

	DIVISION OF COMPLIANCE ASSISTANCE DEPARTMENT FOR ENVIRONMENTAL PROTECTION ENERGY AND ENVIRONMENT CABINET	
	WASTEWATER AND DRINKING WATER LICENSED OPERATORS FACILITY UPDATES (*) indicates a required field; (<) indicates a field may be required based on user input or is an optionally required field	
	Are you submitting for a drinking water Public Water System (PWS) or a Wastewater facility?(')	~
4 ~	Click to Save Values for Future Retrieval Click to Submit to EEC	

### Facility Update eForm SOP



5. After selecting the facility type, the rest of the form will populate. The next step is filling out the **Facility Agency Interest**.

		DIVISION OF COMPLIANCE ASSISTA DEPARTMENT FOR ENVIRONMENTAL PR ENERGY AND ENVIRONMENT CABI	DTECTION	
		NKING WATER LICENSED d field; ( ) indicates a field may be required based on</th <th>OPERATORS FACILITY UP</th> <th>PDATES</th>	OPERATORS FACILITY UP	PDATES
	Are you submitting for a drinking water Public Water System (PWS) or a W	astewater facility?(*)		
	Wastewater			~
5 -	Facility Agency Interest(*) (You can use eSearch to search (*) Al Number Facility Information	ch for agency interest - click here)		\$
	Facility Name(*)			
	Facility Address(')	City:(') City	State:(')	Zip Code:(*)
	Submittal of Report By:			

6. Filling out the **Facility Agency Interest** number will populate the Facility Information we have on file.

	DIVISION OF COMPLIANCE ASSISTAN DEPARTMENT FOR ENVIRONMENTAL PRO ENERGY AND ENVIRONMENT CABIN	TECTION	
	NKING WATER LICENSED ad field; (-/) indicates a field may be required based on u		PDATES
Are you submitting for a drinking water Public Water System (PWS) or a W	/astewater facility?(*)		
Wastewater			~
Facility Agency Interest(*) (You can use eSearch to sear (*)  1393 Facility Information	ch for agency interest - click here)		•
Facility Name(*)			
Frankfort WWTP			
Facility Address(*)	City:(")	State:(*)	Zip Code:(*)
1200 Kentucky Ave	Frankfort	Kentucky V	40601
Submittal of Report By:			



7. The Submittal of Report By is the next section that will need to be filled out. The Company/Affiliation Name, Company/Affiliation Phone Number, Contact Person First Name, Contact Person Last Name, and E-Mail Address are all required fields. The Alternate E-Mail Address is encouraged but not required.

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oyment End Date

- 8. The last section on this form is the **Licensed Operators** segment. This section gives you the capability to add new operators and/or put Employment End Dates for operators who no longer work at the facility.
- 9. To add a new operator to the facility, select **Add New Record**.
- 10. This will open up fields to enter in their Al number, Company Name, Licensed Peron Name, No. of Hours/month, and Employment Start Date. If they are a current Operator, leave the Employment End Date empty. When finished entering in the information select Insert at the bottom left hand side of the box.

		Facil	Facility Update eForm SOP			
P						
Licensed Opera	ators (Note: To remove	e employment of operator, pleas	se enter end date	of that operator)		
You can use eS	earch to search for lic	enses - click here				
AI	Company Name	Licensed Person Name	Number of I	Hours/month	Employment Start Date	Employment End Date
AI number(*)				Company Name(*)		
76021				Frankfort WW	ſP	
Licensed Person	Name(*)			No.of Hours/month(*)	Î	
Doppic Ala	n Minch Sr.			150		
Dennis Ald	rt Date(*)			Employment End Date		
Employment Star			-			c
	22			mm/dd/yyyy		
Employment Star	_			mm/dd/yyyy		
Employment Star	_	Carl W Groce	150	mm/dd/yyyy	6/1/2022	

11. If data needs to be updated for an operator (End Employment Date or No. Hours/month), select the pencil to the left hand side of the operator's name.

+ Add	new record					
Edit	AI	Company Name	Licensed Person Name	Number of Hours/month	Employment Start Date	Employment End Date
<b>&gt;</b> /	110651	Frankfort WWTP	Carl W Groce	150	6/1/2022	
1	166746	Frankfort WWTP	Robert W Ridgeway	150	6/1/2022	
1	76021	Frankfort WWTP	Dennis Alan Minch Sr.	150	9/6/2022	

12. This will open their data to manipulate. When finished adding or changing the data, select **Update** at the bottom left hand corner.



Edit	AI	Company Name	Licensed Person Name	Numb	er of Hours/month	Employment Start Date	Employment End Date
1	110651	Frankfort WWTP	Carl W Groce	150		6/1/2022	
Al numb	er(*)				Company Name(*)		
1106	51				Frankfort WWTP		
Licensed	d Person Name(*)				No.of Hours/month(*)		
Carl	W Groce				150		
Employn	ment Start Date(*)				Employment End Date		
06/0	1/2022				09/06/2022		•
Jpdate	Cancel						
î	166746	Frankfort WWTP	Robert W Ridgeway	150		6/1/2022	
1	76021	Frankfort WWTP	Dennis Alan Minch Sr.	150		9/6/2022	

13. When all information has been completed, select **Click to Submit to EEC**.

ı can	use eSearch t	o search for licenses - o	click here			
- Add	new record					
Edit	AI	Company Name	Licensed Person Name	Number of Hours/month	Employment Start Date	Employment End Date
1	110651	Frankfort WWTP	Carl W Groce	150	6/1/2022	9/6/2022
ï	166746	Frankfort WWTP	Robert W Ridgeway	150	6/1/2022	
1	76021	Frankfort WWTP	Dennis Alan Minch Sr.	150	9/6/2022	

14. If all information is correct and your eForm has been submitted successfully, you will be directed to the Form Details page.

💷 Form Details:	
Form Name:	Wastewater and Drinking Water Facility Update for Licensed Operators
Form Id:	136
eForm Submittal ID:	132907
eForm Transaction ID:	9fa69092-0891-457e-b400-bb75269ec8b5
Status: Help	Submitted to EEC
Date:	09/06/2022
Submitted to EEC?: OHelp	Yes
Form Info: Help	
	Create a new eForm with values from this previously saved/submitted eForm.