

#### 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 well-being 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



Application Forr

FACILIT UPDATE

Questions: Ph: 502-564-3170

E-mail: kyocp@ky.org

KENTUCKY



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

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Use	e this option to ret	trieve a previo	ously saved or submitted e	Form.			
Tr	ansaction Id	on ID to retreive ti	ne latest version of your form:				
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.

Add 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	NCE TECTION VET	
	WASTEWATER AND DRII (*) indicates a require	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	ICE TECTION IET	
WASTEWATER AND DRI	NKING WATER LICENSED ad field; (-/) indicates a field may be required based on u	OPERATORS FACILITY UP ser input or is an optionally required field	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.

ompany/Aft	filiation Name(")				Company/Affiliation Phone Number(")	
EEC					502-782-6412	
ontact Pers	son First Name(")				Contact Person Last Name(")	
Katie					Mauer	
Mail Addre	ess(")				Alternate E-Mail Address	
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icensed ou can u + Add r Edit	auer@ky.gov Operators (N use eSearch to new record AI	ote: To remove employ o search for licenses - Company Name	ment of operator, please enter click here Licensed Person Name	r end date o	f that operator) r of Hours/month Employment Start Da	e Employment End Date
icensed ou can u + Add r Edit	I Operators (N use eSearch to new record AI 110651	ote: To remove employ o search for licenses - Company Name Frankfort WWTP	ment of operator, please enter click here Licensed Person Name Carl W Groce	r end date o Numbe 150	r of Hours/month Employment Start Da	e Employment End Date
icensed ou can t + Add r Edit	auer@ky.gov I Operators (N use eSearch tr new record AI 110651 166746	ote: To remove employ o search for licenses - Company Name Frankfort WWTP Frankfort WWTP	ment of operator, please enter click here Licensed Person Name Carl W Groce Robert W Ridgeway	n end date of Numbe 150 150	f that operator) r of Hours/month Employment Start Da 6/1/2022 6/1/2022	e Employment 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.

Facility Update eForm SOP						
P						
Licensed Opera	ators (Note: To remove	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	
Deppie Ala	n Minch Sr.			150		
Dennis Ald	rt Date(*)			Employment End Date		
Employment Star			-			ſ
Employment Star	22			mm/dd/yyyy		
Employment Star 09/06/20 Insert Cance	22			mm/dd/yyyy		
Employment Star 09/06/20 Insert Cance 110651	22 I Frankfort WWTP	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.

	You can u	ise eSearch t	o search for licenses - o	lick 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	
	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						
1	166746	Frankfort WWTP	Robert W Ridgeway	150		6/1/2022	
	76021	Frankfort WWTP	Dennis Alan Minch Sr	150		9/6/2022	

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

Licensed	Operators (N	ote: To remove employ	ment of operator, please enter	end date of that operator)		
You can u	ise eSearch t	o search for licenses - (	click here			
+ Add r	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
ľ	166746	Frankfort WWTP	Robert W Ridgeway	150	6/1/2022	
1	76021	Frankfort WWTP	Dennis Alan Minch Sr.	150	9/6/2022	
Click	to Save Value	s for Future Retrieval	Click to Submit to EEC	- 13		

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

💷 Form Details:	图 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.				