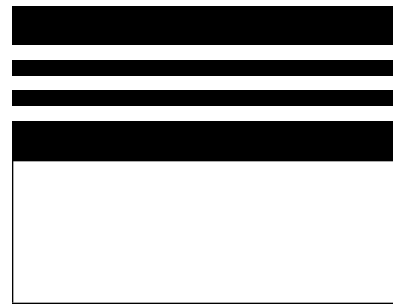




## On-Site Wastewater Treatment Systems Designer Experience Verification



Four years of broad based, progressive experience designing on-site wastewater field and office experience in the design of on-site wastewater treatment systems is required.

Verification of experience may be provided by licensed professional engineers, licensed on-site wastewater treatment system designers, and/or state and local Health officials in the on-site wastewater treatment field who have direct knowledge of the applicant's qualifications to practice.

The approval of the experience is based on the verifications provided by you, the level of independent judgments and decisions, and demonstration of the ability to work within the regulatory structure.

Missing information and/or poor explanations will delay the review of your application.

- Do not assume that there is a universal understanding by reviewers as to how your experience satisfies requirements.
- Do not use business or industry related jargon or acronyms.

For questions or help call: 360-664-1575 or email: [engineers@brpels.wa.gov](mailto:engineers@brpels.wa.gov).

**Applicant: must complete sections 1 and 2**

**Verifier: must complete section 3**

### Applicant instructions

- Complete sections 1 and 2.
- Send a copy of the completed application to each of your chosen verifiers.
- Your verifiers should complete section 3 and send it back to you in a sealed envelope. Do not open or review their comments.
- Verifiers may also choose to email the completed verification directly to [engineers@brpels.wa.gov](mailto:engineers@brpels.wa.gov).
- When you have all your forms back from your verifiers, mail the completed sections 1 and 2 along with the sealed envelopes to:

**Board of Registration for Professional Engineers and Land Surveyors  
PO Box 9025  
Olympia WA 98507-9025**



23251-SUPPORTING

### Section 1 - Work experience information—Applicant completes this section

TYPE or PRINT Applicant name ( <i>First, Middle initial, Last</i> )	
Employed by	
Dates of employment ( <i>From, To</i> )	Average hours worked per week
Supervisor name and title	

Applicant name \_\_\_\_\_

**Section 2 - Work experience descriptions**—Applicant completes this section.

Describe your duties, responsibilities and work performed in each of the listed topics along **with specific examples of the on-site septic systems projects** you have worked on. If your responses to A-K come from multiple projects, provide additional details of each project. Include extra pages as needed.

- Do not describe the theory underlying wastewater treatment systems or have general statements in your responses.
- When describing your experience, be specific about your contribution to wastewater treatment system designs. Avoid terms like “participated in”, “involved with,” or other similar generalities. State exact duties performed.
- **One sentence description are not acceptable.**
- Explain your experience in chronological order; demonstrate your experience progression over time.

A. Field identification and evaluation of site conditions: *explain with specific project examples how you used field and site characteristics to assess the suitability of the site and how it influenced your design.*

B. Site soil assessment: *explain with specific project examples how you used field and site characteristics and field reconnaissance to assess the suitability of sites and how each soil characteristic factored into the design.*

C. Application of Hydraulics: *explain with specific project examples how surface and groundwater hydraulics and hydrology parameters of a site were addressed in design.*

D. Topographic delineations: *explain with specific examples of the resources you used, how they impacted the design, and how they were incorporated into design.*

E. Use of specialized treatment processes and devices: *provide examples of these system components and describe projects in which you used them.*

Applicant name \_\_\_\_\_

**Work experience descriptions** - Continued

F. Application of Microbiology: *explain how you would incorporate microbiology into design examples if you are not able to provide specific examples.*

G. Construction practices: *explain your pre- and post-construction phase responsibilities with sample projects you have worked on.*

H. Applying state and local health regulations: *provide one local and one state specific example of regulations utilized on projects you have worked on.*

I. Conducting related research: *explain with example projects, how you carried out the necessary research during the site reconnaissance phase as well as the design phase.*

J. Interacting with clients and the public: *provide two specific examples with projects you have worked on.*

K. Demonstrate an understanding and concern for environmental considerations and public health: *provide two examples with specific projects you have worked on.*

Applicant name \_\_\_\_\_

**Verifier instructions**

- Refer to applicant’s information in sections 1 and 2 to answer the questions below.
- When you are done:
  - Put the form in an envelope
  - Seal the envelope and sign across the flap
  - Return the sealed envelope to the applicant
- Or you can scan and email it directly (not to the applicant) to: [engineers@brpels.wa.gov](mailto:engineers@brpels.wa.gov)

**Section 3 - Work experience verification**—Supervisor/Verifier complete this section

Name of person completing this verification _____		
<p>Verifier information (<i>Choose all that apply</i>)</p> <p>Please choose from the following selections and provide the information requested.</p> <p><input type="checkbox"/> Local health department official . . . . . Affiliation with applicant _____          Your title _____ Name of health department/district _____</p> <p><input type="checkbox"/> Professional engineer . . . . . Affiliation with applicant _____          License number _____ Expiration date _____</p> <p><input type="checkbox"/> State licensed on-site system designer . . . . . Affiliation with applicant _____          License number _____ Expiration date _____</p>		
<p>Answer the following</p> <p>1. Do you feel qualified and prepared to verify the experience in categories A through K from the attached Work Experience section? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No          If no, please explain:</p> <p>2. Do you agree with the applicant’s employment time and hours worked? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No          If no, please explain:</p> <p>3. Do you agree with the applicant’s description of work, duties, and responsibilities? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No          If no, please explain:</p> <p>4. During this time of employment, how long has the applicant been in a position of making independent judgments and decisions? _____ years/months</p> <p>5. Please check the work experience categories in which you believe the applicant is competent and prepared to be examined for admission to the profession:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> A. Site soil assessment  <input type="checkbox"/> B. Hydraulics  <input type="checkbox"/> C. Topographical delineations  <input type="checkbox"/> D. Use of specialized treatment processes and devices  <input type="checkbox"/> E. Microbiology  <input type="checkbox"/> F. Construction practices           </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> G. Applying state and local health regulations  <input type="checkbox"/> H. Field identification and evaluation of site conditions  <input type="checkbox"/> I. Conducting related research  <input type="checkbox"/> J. Interacting with clients and the public  <input type="checkbox"/> K. Demonstrating an understanding and concern for environmental considerations and public health           </td> </tr> </table> <p>6. Would you recommend this applicant for licensure if requirements are met? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you believe this applicant does not satisfy the requirements for licensure, please explain:</p>	<input type="checkbox"/> A. Site soil assessment <input type="checkbox"/> B. Hydraulics <input type="checkbox"/> C. Topographical delineations <input type="checkbox"/> D. Use of specialized treatment processes and devices <input type="checkbox"/> E. Microbiology <input type="checkbox"/> F. Construction practices	<input type="checkbox"/> G. Applying state and local health regulations <input type="checkbox"/> H. Field identification and evaluation of site conditions <input type="checkbox"/> I. Conducting related research <input type="checkbox"/> J. Interacting with clients and the public <input type="checkbox"/> K. Demonstrating an understanding and concern for environmental considerations and public health
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SEAL

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Supervisor/Verifier signature

\_\_\_\_\_  
Date

Please affix your stamp or seal in the space provided. If no seal or stamp is available, attach a copy of your current license. If the stamp or license cannot be provided, provide a detailed explanation.