Iowa Department of Natural Resources
Environmental Services Division
Field Services and Compliance Bureau

Operator Certification Compliance Plan

SECTION I

Facility Name: Water Pollution Control Plant Facility Owner: City of Muscatine

Facility Type & Classification:

Wastewater Treatment: Activated Sludge NPDES #: 7048001

Water Treatment & Distribution: _____ PWS ID#: _____

Other (Landfill, Incinerator, etc.): _____

SECTION II

(check one alternative and provide all information for the alternative checked)

☐ 1. We will hire a properly certified operator by (specific date): _____

☐ 2. We will sign an Affidavit (DNR Form 542-3119 with a properly certified examination by (specific date): _____

☒ 3. We will have a current employee who will be properly certified by (specific date): 9-11-2026

Operator Name: Scott Swift

☐ 4. A properly certified operator has already been obtained:

Operator Name: _____ Certificate Number: _____

Certificate Grade: _____ Date Hired: _____

SECTION III
CERTIFICATION

I, the undersigned, do hereby state that the preceding represents the intent of the above-named facility to comply with the rules of the Department of Natural Resources.

[signature]
Signature of Authorized Representative of Owner

MAYOR
Title (Mayor, Council Member, Board of Directors Member)

2-17-2026
Date