

**From:** [Kleffner, Erin](#)  
**To:** [Huston, Liz](#); [HertzWu, Sara](#)  
**Subject:** FW: Nathan Pierce  
**Date:** Friday, December 06, 2019 6:07:04 AM  
**Attachments:** [pierce, nathan.pdf](#)

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**From:** Therriault, Reta <rtherriault@mt.gov>  
**Sent:** Thursday, December 05, 2019 3:20 PM  
**To:** Kleffner, Erin <kleffner.erin@epa.gov>  
**Subject:** Nathan Pierce

Erin,

Attached is the application and other information received from Nathan. No fees were ever paid and our office has not heard from him.

If you need further information, please contact Jen VandenBos, [jvandenbos@mt.gov](mailto:jvandenbos@mt.gov), 406-444-4584 or me.

Have a good afternoon,

Reta Therriault  
MT DEQ PWS  
Operator Certification Program  
PO Box 200901  
Helena MT 59620  
406.444.3434  
406.444.1374 FAX

"Guard, protect and cherish your land, for there is no afterlife for a place that started out as Heaven."

C.M. Russell Montana 1926



**Montana Application for Certification as an  
OPERATOR of A MUNICIPAL, INDUSTRIAL or ON-SITE  
WASTEWATER TREATMENT SYSTEM**  
(in accordance with Sections 37-42-101 through 37-42-322, MCA).

Rev/10/2013

**MAIL WITH CORRECT FEES TO:**

MT DEQ/WWOC  
P.O. Box 200901  
Helena, MT 59620-0901  
Phone: (406) 444-4584

**Application Fee - \$70 (Good for one year)**  
**Exam Fees per exam:**

1C - \$70	1D- \$70	-----
x	2D- \$70	2E - \$70
3C - \$70	3D- \$70	3E - \$70
x	4D- \$70	4E - \$70

Please leave blank - For office use only

**Operator Status:** OPERATOR NUMBER 8733

Temporary \_\_\_\_\_ Date \_\_\_\_\_  
 In Training \_\_\_\_\_ Date \_\_\_\_\_  
 Fully Certified \_\_\_\_\_ Date \_\_\_\_\_

**Application Status:**

Wastewater Application pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_  
 Wastewater Examination pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_  
 Reciprocity pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_  
 Study Materials Sent on: 4-9-18 **RECEIVED**

APR 06 2018

MT DEQ PUBLIC WATER  
& SUBDIVISIONS BUREAU

**GENERAL INFORMATION:**

Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices located in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program.

NAME: Pierce Nathan Kent [REDACTED]

Last First Middle Birth Date

HOME ADDRESS: 16550 Cottontail Trail Shepherd MT 59079 Yellowstone

Street or P.O. Box City State Zip County

406-697-3022 ADAMAS.MT.406@GMAIL.COM

Home Phone Cell Phone Business Phone Business Fax# Business E-mail Address

WASTEWATER SYSTEM EMPLOYMENT: Lame Deer Sewer Lagoons (NCUC) Sheri Bement

System Name Your Supervisor's Name

Contract Sewer Operator Po Box 747 Lame Deer 59043 Rosebu

Your Job Title MPDES/MGWPCS # System MAILING Address City ZIP County

MAIL INFORMATION TO:  Home  Work

**VERIFICATION OF EDUCATION:** (Please indicate and provide a copy of one)  
 HIGH SCHOOL OR COLLEGE DIPLOMA or TRANSCRIPTS  GED CERTIFICATE  JOB SERVICE ASSESSMENT

**TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:**

TYPE	CLASS				(Please leave blank - For office use only - Exam #)
	1	2	3	4	
C Wastewater Treatment Plant Operator.....	<input checked="" type="checkbox"/>	--	<input type="checkbox"/>	--	_____
D Industrial Wastewater Treatment Plant Operator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E On-Site Wastewater System Operator	--	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Applications, fees, verification of education and examination notices **MUST** be submitted at least **30 days** before the examination.

**IMPORTANT: The information provided below will be crucial in determining if you will become an operator-in-training or a fully certified operator.**

**SYSTEM GENERAL EXPERIENCE RECORD:**

What year did you enter work in a WASTEWATER (WW) SYSTEM? 2006			
Enter number of years WW experience in:	<u>MUNICIPAL</u>	<u>INDUSTRIAL</u>	<u>ON-SITE</u>
1. Conventional/high rate activated sludge:	2.5		2.5
2. Biological nutrient removal:	2.5		2.5
3. Physical-chemical treatment:	2.5	2.5	2.5
4. Extended aeration:	12	2.5	12
5. Oxidation ditches:	2.5		2.5
6. Trickling filters:	8	8	8
7. Package plants:	8	8	8
8. Bio-discs:	2.5	2.5	2.5
9. Aerated lagoons:	12	12	12
10. Facultative lagoons:	12	12	12
11. Other:	MBR 2.5	2.5	2.5

**SYSTEM DETAILED EXPERIENCE RECORD:** Please list your wastewater system work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately. If you need more space, fill out a blank sheet in the same form as that outlined below and attach it to the application.

<p>System Name: <u>Lame Deer, Ashland, Birney, Muddy Cluster Sewer Lagoons</u>            Owner Name: <u>Northern Cheyenne Utility Commission</u>            MPDES #: _____            Address: <u>PO Box 747</u>            City <u>Lame Deer</u> State: <u>MT</u> Zip: <u>59043</u>            Phone #: _____</p> <p>Job Title (Check one)  <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist  <input checked="" type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech.  <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic  <input type="checkbox"/> Operator <input type="checkbox"/> Electrician            Other: <u>Contract Project Manager</u></p>	<p><b>EMPLOYMENT DATES</b></p> <p>From <u>May 2016</u> To <u>Present day</u>            Month and Year Month and Year</p> <p>Total <u>2 years</u> employed            Years and Months</p> <p>Hours per week <u>46</u></p> <p><input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part Time</p>	<p><b>DETAILED DESCRIPTION OF DUTIES</b>            (If work was of a supervisory nature, give number supervised)</p> <p>Specific Duties: <u>Contract Project Manager and Wastewater Operator Service, Maintain, Operate all Waste Water systems of the NCUC on the Northern Cheyenne Reservation</u></p> <p>Reason for Leaving: <u>Still work with the systems</u></p>
<p>System Name: <u>Design Build, Distributor Bio-Microbics,</u>            Owner Name: <u>Adamas Construction And Development Services</u>            MPDES #: _____            Address: <u>16550 Cotton Tail Trail</u>            City <u>Shepherd</u> State: <u>MT</u> Zip: <u>59079</u>            Phone #: <u>406-697-3022</u></p> <p>Job Title (Check one)  <input checked="" type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist  <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech.  <input checked="" type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic  <input type="checkbox"/> Operator <input type="checkbox"/> Electrician            Other: _____</p>	<p><b>EMPLOYMENT DATES</b></p> <p>From <u>Oct 2015</u> To <u>Present day</u>            Month and Year Month and Year</p> <p>Total <u>2 years 6 months</u> employed            Years and Months</p> <p>Hours per week <u>60</u></p> <p><input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part Time</p>	<p><b>DETAILED DESCRIPTION OF DUTIES</b>            (If work was of a supervisory nature, give number supervised)</p> <p>Specific Duties: <u>Distribute, Design, Build and Install all Bio Microbics Waste Water products to include Trickling Filters, MBR, Fixed Activated Sludge Physical Chemical, BNR, Facultative lagoon, Ox Ditches, aerated Lagoons</u>            Duties also Includes Services and maintenance of systems</p> <p>Reason for Leaving: <u>Still with the Company and still working with systems.</u></p>

<p>System Name: _____  Owner Name: Advantage Properties PLLC  MPDES # _____  Address: _____  City Billings State: MT Zip: 59105  Phone # 406-697-2332</p> <p>Job Title (Check one)  <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist  <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech.  <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic  <input type="checkbox"/> Operator <input type="checkbox"/> Electrician  Other: Developer, Land Use planning assistance, real estate broker</p>	<p align="center"><b>EMPLOYMENT DATES</b></p> <p>From _____ To _____  Jan 2006 present day  Month and Year Month and Year</p> <p>Total 12.4 _____ employed  Years and Months</p> <p>Hours per week 40 _____  <input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part Time</p>	<p><b>DETAILED DESCRIPTION OF DUTIES</b>  (If work was of a supervisory nature, give number supervised)</p> <p>Specific Duties: Work with County Sanitarians, Engineers, City Planners, Property owners, water and sewer operators for the purpose of land use planning and development. This includes working with Native American tribes</p> <p>Reason for Leaving: Still with Company</p>
<p>System Name: _____  Owner Name: GTC Construction  MPDES # _____  Address: NHH  City Ronan State: MT Zip: 59864  Phone # _____</p> <p>Job Title (Check one)  <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist  <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech.  <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic  <input type="checkbox"/> Operator <input type="checkbox"/> Electrician  Other: Construction and Assistant installer</p>	<p align="center"><b>EMPLOYMENT DATES</b></p> <p>From _____ To _____  Jan 2007 Jan 2008  Month and Year Month and Year</p> <p>Total 1 _____ employed  Years and Months</p> <p>Hours per week 40 _____  <input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part Time</p>	<p><b>DETAILED DESCRIPTION OF DUTIES</b>  (If work was of a supervisory nature, give number supervised)</p> <p>Specific Duties: Assisted with design build of Orenco trickling filter system</p> <p>Reason for Leaving: _____</p>
<p>System Name: Poison Sewer Lagoon and Sewer collection system  Owner Name: Poison MT  MPDES # _____  Address: _____  City Polson State: MT Zip: 59860  Phone # _____</p> <p>Job Title (Check one)  <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist  <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech.  <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic  <input type="checkbox"/> Operator <input type="checkbox"/> Electrician  Other: President Polson Redevelopment Agency, Member PGRB</p>	<p align="center"><b>EMPLOYMENT DATES</b></p> <p>From _____ To _____  April 2006 October 2007  Month and Year Month and Year</p> <p>Total 1 year 5 months _____ employed  Years and Months</p> <p>Hours per week _____  <input type="checkbox"/> Full time <input type="checkbox"/> Part Time</p>	<p><b>DETAILED DESCRIPTION OF DUTIES</b>  (If work was of a supervisory nature, give number supervised)</p> <p>Specific Duties: Worked with Sewer staff researching and strategic planning of the city of Polson's water and wastewater systems, to include direct discharge aerated lagoons and made recommendations to city council mayor, and general electorate. Member Polson Government Review Board</p> <p>Reason for Leaving: Moved away from area for business reasons.</p>

**PLEASE DESCRIBE THE SYSTEM PRESENTLY OPERATED: (type of system, treatment, and population served - be specific):**

1. NCUC Systems Currently operated are varied in size. Lame Deer Lagoon is designed to be extended aeration servicing a population of more than 3000 people with a mixed waste stream to include residential, commercial, schools and Industrial. The other systems and Facultative lagoons the service between 32-150 home sites.
2. Current Distributor of Bio-Microbics water and wastewater treatment products to include municipal, industrial and onsite Trickling Filters, MBR, Fixed Activated Physical Chemical, BNR, Facultative lagoon, Ox Ditches, aerated Lagoons
- Duties also Includes Services and maintenance of systems 3. Operate and maintain 2 onsite MBR WW treatment systems on the Ft. Belknap Reservation.

email to 412/10 to Ged@Arkansas.gov

COPY

RECEIVED

**AUTHORIZATION TO RELEASE OFFICIAL GED® DOCUMENTS** APR 06 2018

Please type or print the following information. If your application is incomplete, record of your testing will not be provided. Completed requests should be mailed, faxed or emailed to:

MT DEPT. OF PUBLIC WATER & SUBDIVISIONS BUREAU

FAX: 501-682-1982

Arkansas GED® Testing  
Three Capitol Mall  
Luther S. Hardin Building  
Little Rock, AR: 72201

EMAIL: [GED@Arkansas.gov](mailto:GED@Arkansas.gov)

PHONE: 501-682-1980

**PART I: AUTHORIZATION TO RELEASE GED® DOCUMENTS DIRECTLY TO THE EXAMINEE.**  
PLEASE INDICATE THE REQUESTED DOCUMENT:  Transcript  Diploma

Name: Pierce Nathan K  
(at the time of testing) Last Maiden/Other First M.I.

Year Tested: 1997 Location: Ft. Smith, AR  
(or approximate year) (city or center name) Ft. Smith Adult Education Center

Social Security #: [REDACTED] Date of Birth: [REDACTED]

Current Name & Current Mailing Address  
Nathan Pierce  
16550 Cottontail trail  
Shepherd, MT, 59079

Daytime Phone Number  
(406) 697-3022

Examinee's Signature [Signature]

Date 4/2/2018

**PART II: AUTHORIZATION FOR GED® INFORMATION AND/OR RECORDS TO BE DISCLOSED TO A SCHOOL, EMPLOYER, MILITARY BRANCH, OR OTHER ORGANIZATION.**

I authorize Arkansas GED® Testing to mail my GED® transcript to the following:

Name of School/Employer/  
Military Branch/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I authorize Arkansas GED® Testing to email my GED® transcript to the following:

Name of School/Employer/  
Military Branch/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand and acknowledge the GED® Program's right to make an independent determination, at its sole discretion, of whether the information and records identified above are subject to disclosure under the GED® Program's policies for disclosing information. I hereby release the GED® Program, its employees, its attorneys, its governing bodies and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization to any actions to any parties identified above.

**EDUCATIONAL REQUIREMENT:** *In order to apply to become a certified operator in Montana, an applicant must provide documentation of education. The minimum requirement is a high school diploma, GED certificate or certificate of competency through the Job Service. Please include copies with your application.*

*Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. **This education will not be considered unless the dates of completion and degrees earned are listed and a copy of transcripts is provided with this application.***

**HIGH SCHOOL DIPLOMA** \_\_\_\_\_

Name and Location Year Graduated

**or G.E.D CERTIFICATE** Arkansas, Fort Smith Adult Education Center, 1997

State Where Issued Date of Issue

**or JOB SERVICE CERTIFICATE** \_\_\_\_\_

(DEQ employee's initials) (Date of Approval)

**COLLEGE OR VO-TECH** \_\_\_\_\_

Name and Location Major and Minor Curricula

Degree earned Date Quarters or Semesters Completed

**OTHER COLLEGE OR VO-TECH** \_\_\_\_\_

Name and Location Major and Minor Curricula

Degree earned Date Quarters or Semesters Completed

**EMPLOYER NOTIFICATION** *(Your employer will automatically be notified if they paid your application and examination fees. If your employer DID NOT pay, please check one):*

Please notify my present employer of the results of my examination(s).

DO NOT notify my present employer of the results of my examination(s).

**CERTIFICATE OF APPLICANT:** *(Important - Please read carefully before signing. Unsigned and undated applications will be invalidated or returned.)*

**I agree to uphold the Montana Operator Code of Ethics which reads:** "Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

**I swear under penalty of perjury that all information provided in this application submitted for certification is true.** I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with Section 37-42-101 through 37-42-322, MCA.

**SIGNATURE** \_\_\_\_\_

(Applicant's signature)

**DATE** \_\_\_\_\_

04-02-18

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APR 06 2018

TEMPORARY CERTIFICATION APPLICATION

MT DEER PUBLIC WATER  
SUBDIVISIONS BUREAU

If the operator in responsible charge of the system is not fully certified, a temporary cert requested by the system owner\*. If approved by the Department of Environmental Quality, the temporary certification will be valid for up to one year from the date of issuance. Please note that the system owner must complete this form.

System Name: Lame Deer Lagoon Waste Water Treatment Facility

Owner Name: Northern Cheyenne Utility Commission - Sheri Bennett - Green Manager

PWS#: \_\_\_\_\_ AND/OR NPDES#: MT-0029360

Mailing Address: PO Box 747 Phone #: 406-447-6318

City: Lame Deer Zip: 59043

System Type:  Community Water Supply  Non-transient Non-community Water Supply  
 Public Sewage System  Permitted Wastewater System

**THIS SECTION MUST BE FILLED OUT TO APPLY FOR A TEMPORARY CERTIFICATION:**

*This system is unable to hire a fully certified operator because (attach separate sheet if additional space is needed:*

Unable to find qualified candidates with the  
knowledge and back ground of Mr. Nathan Pierce.

Temporary certification is requested for the following staff member who has NOT passed the appropriate certification examination (a completed application and fees must be enclosed):

Operator Name: Nathan Pierce

Position Title Contract Sewer Operator in training System Classification \_\_\_\_\_

Mailing Address: 16550 Cottontail Trail Phone #: 406-697-3022

City: Shepherd Zip: 59079

Temporary certification is requested for the following staff member who holds an Operator-In-Training certification:

Operator Name: \_\_\_\_\_

Position Title \_\_\_\_\_ System Classification \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of System Owner\*: Sheri Bennett Date: 3/12/18

\*If incorporated community, mayor must sign. If incorporated district, HOA or WUA, president must sign. By signing this document the owner verifies that the above named person is capable of acting as the operator in charge of this system.



April 6, 2018

Nathan Pierce  
16550 Cottontail Trail  
Shepherd MT 59079

**RE: Study Materials**

Dear Mr. Pierce:

Welcome to the Montana Department of Environmental Quality Water and Wastewater Operator Certification Program!

Your application has been processed and your Operator ID No. is **8733**. Your status is "Applicant Only" for the **Class 1C and 2E** certifications until you pass the exams. Remember, your application stays active for one year from the date you signed the application. After that, you will be required to reapply and submit fees.

Enclosed are study materials; please remember that these are *supplemental* materials only. The new 2018 Exam Schedule is enclosed as well. You are eligible to take your exam on or after **05/05/2018**, per the ARMS 17.40.206 (1). You may schedule an in office exam by calling me.

Should you have any questions or need further information, please contact me at (406) 444-4584 or Reta Therriault at (406) 444-3434.

Sincerely,

A handwritten signature in black ink, appearing to read "Jen VandenBos".

Jen VandenBos  
*Water and Wastewater Operator Certification*  
(406) 444-4584  
jvandenbos@mt.gov

Enclosures: Study Materials

CERTIFICATE OF SERVICE

I certify that the foregoing redacted Complainant's Exhibit 50 for Docket No. CWA-07-2019-0262 has been submitted electronically using the OALJ E-Filing System.

A copy was sent by email to:

Nathan Pierce, Owner, Adamas Construction and Development Services PLLC:

Nathan Pierce  
Email: [adamas.mt.406@gmail.com](mailto:adamas.mt.406@gmail.com)

Date: 2/8/2022

/s/ Chris Muehlberger

Chris Muehlberger  
Assistant Regional Counsel  
U.S. Environmental Protection Agency,  
Region 7  
11201 Renner Boulevard  
Lenexa, Kansas 66209  
(913) 551-7623 (Telephone)  
(913) 551-9525 (Fax)  
Email: [muehlberger.christopher@epa.gov](mailto:muehlberger.christopher@epa.gov)