

**Illinois Rural Water Association 28th Annual Technical Conference  
Drinking Water Operator Training Submission Form  
Pre-approved Sessions**

**Tuesday February 16, 2010**

	<u>Time</u>	<u>Minutes</u>	<u>Actual Minutes</u>
Rural Development Update/ARRA Funding	9:00 a.m.	90	_____
Trenching and Shoring	11:15 a.m.	45	_____
Disinfection Alternatives – Solid Form	1:00 p.m.	90	_____
ILWARN	1:00 p.m.	90	_____
Surge Protection in Distribution Systems	3:00 p.m.	90	_____
Infrared Thermography for Electrical Troubleshooting	3:00 p.m.	90	_____
The Importance of Using the Proper Tracer Wire System	3:45 p.m.	45	_____

**Wednesday February 17, 2010**

	<u>Time</u>	<u>Minutes</u>	<u>Actual Minutes</u>
RE-Ox/Controlling Organics	9:00 a.m.	90	_____
New Solids Handling Submersible Pump – 4 SHV	9:00 a.m.	45	_____
Contingency Plans/Emergency Pumping	9:45 a.m.	45	_____
Rate Studies	11:00 a.m.	60	_____
New ortho-Phosphorous Analyzer for Water & Wastewater Monitoring	11:00 a.m.	45	_____
IEPA Regulatory Update	1:00 p.m.	90	_____
Making the Internet Useful	3:00 p.m.	45	_____
Laboratory Procedures	3:00 p.m.	90	_____
P2D2 – Prescription Pill and Drug Disposal Program	3:45 p.m.	45	_____

**Thursday February 18, 2010**

	<u>Time</u>	<u>Minutes</u>	<u>Actual Minutes</u>
Gas Chlorinators & Chemical Feed Pumps	8:30 a.m.	90	_____
Confined Space Entry/Competent Person	8:30 a.m.	90	_____
Meters, Meters, & More Meters!	10:15 a.m.	90	_____
J.U.L.I.E. Update	10:15 a.m.	90	_____

<b>TOTAL of actual Training Time (hours &amp; minutes):</b> _____
---

**Operator Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Please identify the actual minutes attended for each drinking water session and total the actual training time for Renewal Training Credit. To ensure proper renewal training credit for your drinking water operator certificate, it is important for you to total your actual training time and indicate the total in the space provided.**

I certify that the above information is true and accurate and that I have successfully completed the training identified above. I understand that proof-of-training records must be maintained by me for a period of four years. I further acknowledge that falsification of this form or any form used in the certificate renewal process may result in denial of certificate renewal or restoration and is cause of certificate revocation and/or suspension.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail completed form to: Illinois EPA, BOW/CAS#19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL. 62794-9276**