

**Illinois Rural Water Association 29th Annual Technical Conference
Drinking Water Operator Training Submission Form
Pre-approved Sessions**

Tuesday February 22, 2011

	<u>Time</u>	<u>Minutes</u>	<u>Actual Minutes</u>
Rural Development Update	9:00 a.m.	60	_____
Tanks A - Z	11:15 a.m.	45	_____
Chlorination – Where it’s Headed	1:00 p.m.	90	_____
Water Quality Management Tools for Storage Tanks	1:00 p.m.	45	_____
Coatings That Solve Problems	1:45 p.m.	45	_____
Source Water Protection	3:00 p.m.	90	_____

Wednesday February 23, 2011

	<u>Time</u>	<u>Minutes</u>	<u>Actual Minutes</u>
Energy Conservation	9:00 a.m.	90	_____
Where Has My Chlorine Residual Gone?	9:00 a.m.	90	_____
Fixed Networks	9:45 a.m.	45	_____
IEPA Regulatory Update	11:00 a.m.	60	_____
J.U.L.I.E. Update	1:00 p.m.	90	_____
Workplace Safety	1:00 p.m.	90	_____
Laboratory Procedures	3:00 p.m.	90	_____
Pump & Motor O. & M.	3:00 p.m.	90	_____

Thursday February 24, 2011

	<u>Time</u>	<u>Minutes</u>	<u>Actual Minutes</u>
Advances in Meter Technology	8:30 a.m.	90	_____
Using Mapping Technology to Help Run & Manage Your Utility	10:15 a.m.	90	_____

TOTAL of actual Training Time (hours & minutes): _____

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**