

**Illinois Rural Water Association 6th Annual Northern Conference  
Drinking Water Operator Training Submission Form  
Pre-approved Sessions**

**Tuesday October 26, 2010**

	<u>Time</u>	<u>Minutes</u>	<u>Actual Minutes</u>
Rural Development Update	9:00 a.m.	30	_____
IEPA Regulatory Update	9:30 a.m.	60	_____
Source Water/Wellhead Protection Program	11:00 a.m.	60	_____
Water Loss/Large Meter Testing	1:00 p.m.	60	_____
Well & Pumps – How to Save Your System \$\$\$	2:30 p.m.	90	_____
Reverse Osmosis – The Pluses and Minuses	4:00 p.m.	30	_____
How to Read a Pump Curve	4:00 p.m.	30	_____

**Wednesday, October 27, 2010**

	<u>Time</u>	<u>Minutes</u>	<u>Actual Minutes</u>
Hydrant & Valve O & M	9:00 a.m.	90	_____
Water/Sewer Rate Studies	11:00 a.m.	60	_____
Storage Tank O & M	1:00 p.m.	90	_____
FOIA/Open Meeting Act Changes	2:45 p.m.	75	_____

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