Illinois Rural Water Association – 38th Annual Technical Conference, Effingham, IL Drinking Water Operator Training Submission Form Pre-approved Sessions

*Approved for water and wastewater credit hours – see back for wastewater hours

Tuesday, February 18, 2020

Course ID	Name of Course	<u>Approved</u> <u>Minutes</u>	<u>Actual</u> <u>Minutes</u>
14958	Rural Development Update*	30	
14959	IEPA Regulatory Update	60	
14960	Manganese – Aesthetics, Health & Treatment	45	
14961	Mapping Applications for Water & Sewer*	45	
14962	Practices in Reduction of TOC and DBP	45	
14963	The Coming Infrastructure Tidal Wave*	45	

Wednesday, February 19, 2020

Course ID	Name of Course	<u>Approved</u> <u>Minutes</u>	<u>Actual</u> <u>Minutes</u>
14964	Well Advancements	45	
14965	What to Look for In a Tank Inspection	45	
14966	Understanding Chlorination	60	
14967	Flagger Training	45	
14968	Contingency Planning for Pumps*	45	
14969	RD Loan and Grant Applications Development*	45	
14970	Using Telemetry for Better Preventative Maintenance	45	
14975	Water Math Review	120	
14976	Disinfection Review	60	
14977	Softening Review	60	

Thursday, February 20, 2020

Course ID	Name of Course	<u>Approved</u> <u>Minutes</u>	<u>Actual</u> <u>Minutes</u>
14971	Illinois Department of Public Health Update*	45	
14972	Building Water Resilience in Your Community*	45	
14973	Preparing for an ISO Audit	45	
14974	GIS – A View from an Operator*	45	

TOTAL of actual Training Time (hours & minutes):

Operator Name:_____

_____ID # (9-digit number):_____

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* Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

**** REMEMBER TO KEEP A COPY OF THIS SHEET FOR YOUR RECORDS!****

Illinois Rural Water Association – 38th Annual Technical Conference, Effingham, IL Wastewater Operator Training Submission Form **Pre-approved Sessions**

Tuesday, February 18, 2020

Course ID	Name of Course	Approved Minutes	Actual Minutes
14958	Rural Development Update*	30	
14961	Mapping Applications for Water & Sewer*	45	
15069	Flushable Wipes	45	
14963	The Coming Infrastructure Tidal Wave*	45	

Wednesday, February 19, 2020

Course ID	Name of Course	Approved Minutes	Actual Minutes
15062	Activated Sludge Basics	45	
15063	Sludge Management for Lagoons	45	
15064	A Turn Key Solution to Wastewater Issues	60	
15065	Duckweed Control for Wastewater Lagoons	45	
15066	Small Commercial Wastewater Treatment Systems	45	
15067	Operator Observations for Process Control of Activated Sludge	45	
	Systems		
15068	Basics of Biological Nutrient Removal	45	
14968	Contingency Planning for Pumps*	45	
14969	RD Loan and Grant Applications Development*	45	

Thursday, February 20, 2020

Course ID	Name of Course	Approved Minutes	Actual Minutes
14971	Illinois Department of Public Health Update*	45	
14972	Building Water Resilience in Your Community*	45	
14974	GIS – A View from an Operator*	45	

TOTAL of actual Training Time (hours & minutes):

*Approved for water and wastewater credit hours

Operator Name:______ ID # (9-digit number)_____

Please identify the actual minutes attended for each wastewater session and total the actual training time for Renewal Training Credit. To ensure proper renewal training credit for your wastewater 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: _____

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