

STATE OF THE OF

Illinois EPA – Operator Certification BOW/CAS#19 1021 North Grand Avenue East, PO Box 19276 Springfield, Illinois 62794-9276 Telephone 217-785-0561

OPERATOR TRAINING FORM

Operator Name (*please print*)

Water Operator 9-digit ID Number (not Social Security Number)

*Course ID Number 18714	Name of Company or Organization Providing Training IRWA / U.S. EPA - Matthew Lee, Office of Environmental Justice and External Civil Rights/ Marc Russell, Office of Research and Development / Kristen Rappazzo, Center for Public Health and Environmental Assessment		Course Training Name DCT Available Tools to Advance Our Understanding of Cumulative Impacts
Date(s) of Training 07/11/2023	Hours/Minutes 1 hour / 30 minutes	City (Where Training Occurred) Live Webinar - https://us02web.zoom.us/webinar/register/WN_MXnmm8JIS3CCwBNf_BF91A	
vulnerabilities for analyzin stressors, such as social de	g changes in cumulative impacts terminants of health and extreme	from exposure to multiple chemical stressors in en	nd analytical methods that help measure community assets and vironmental media (air, water, land) and non-chemical of these tools that can be used to assist in our understanding of se from unequal environmental conditions.

*Effective 7/1/2012, you must include Course ID Number on this form or it will be returned. Until 7/1/2012, if not known, leave blank.

I certify that the above information is true and accurate and that I have successfully completed the above listed training. 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 a cause of certificate revocation and/or suspension. 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))

Signature:_

Date:_____

Daytime Phone: _____