

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		ganization Providing Training	Course Training Name
16769		Harris, H&S Environmental	WWT Troubleshooting Sludge Problems
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)	
11/18/2021	1 hour / 30 minutes	Live Webinar	
			oting sludge problems in wastewater lagoon systems. ss of sludge in a lagoon and how to properly "judge" and core

*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: _____