

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 18594	Name of Company or Organization Providing Training		Course Training Name	
10001	Triplepoint En	vironmental	WWT/Track 1, Module 3: Biological Processes in Lag	
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)	•	
	1 Hour	https://register.gotowebinar.com/register/595226547054535513		
This 60 minute webinar reviews the biological processes that occur in lagoons, including the microbiology of lagoon systems; biological treatment calculations; treatment kinetics; and the effects of the Critical 5 factors in lagoon treatment.				
*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.				
maintained by me for a period of certificate renewal or restoration	four years. I further acknand is a cause of certificat	owledge that falsification of this form or and revocation and/or suspension. Any personal content of the suspension of this form or and revocation and revocation of this form or an article suspension.	ove listed training. I understand that proof of training records must be my form used in the certificate renewal process may result in denial of on who knowingly makes a false, fictitious, or fraudulent material offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))	
Signature:		Date:	Daytime Phone:	