



Illinois
Environmental Protection Agency



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 14128	Name of Company or Organization Providing Training Montana Univ. System-Water Center		Course Training Name DWT Source Water Protection
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)	
Provide summary of drinking water related training: In this training session participants will learn of the changes to and implantation of laws and regulation on lead and copper in drinking water.			

**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.*

*Course ID Number	Name of Company or Organization Providing Training		Course Training Name
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)	
Provide summary of drinking water related training: In this training session participants will learn about the regulatory requirement for all systems that produce potable water to develop a source water protection plan and periodically review and modify it.			

**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.*