

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 17972 | Name of Company or Organization Providing Training Triplepoint Environmental LLC | | Course Training Name WWT/ Clean Water Oxygen Transfer Testing | |
| Date(s) of Training | Hours/Minutes 1 hour/ 00 minutes | City (Where Training Occurred) Recorded webinar with certificate | | |
| | | | ean Water and its role in determining lagoon aeration efficiency. We'll how to apply a critical eye to manufacturers' efficiency claims. | |
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| *Effective 7/1/2012, you must in | clude Course ID Number o | on this form or it will be returned. Until 7/1 | /2012, if not known, leave blank. | |
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| maintained by me for a period of certificate renewal or restoration | f four years. I further ackr and is a cause of certifica | nowledge that falsification of this form or an te revocation and/or suspension. Any perso | ve listed training. I understand that proof of training records must be by 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: | |