

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 Op	Water Operator 9-digit ID Number (not Social Security Number)	
*Course ID Number 17979	Name of Company or Organization Providing Training		Course Training Name WWT/ Lagoon Recirculation: Benefits, Design &	
	Triplepoint Environmental LLC		Implementation	
Date(s) of Training	Hours/Minutes 1 hour/ 00 minutes	City (Where Training Occurred) Recorded webinar with certificate		
This one-hour webinar will loo removal, reduce algae, lower ni		•	system to the front, including how and why it can improve BOD	
*Effective 7/1/2012, you must in	nclude 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	of four years. I further ackno n and is a cause of certificate	wledge that falsification of this form or revocation and/or suspension. Any pe	bove listed training. I understand that proof of training records must be any form used in the certificate renewal process may result in denial of rson who knowingly makes a false, fictitious, or fraudulent material nt offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))	
Signature:		Date:	Daytime Phone:	