

Illinois EPA – Operator Certification BOW/CAS#19 1021 North Grand Avenue East, PO Box 19276 Springfield, Illinois 62794-9276 Telephone 217-785-0561



Operator Name (please print)			Water Operator 9-digit ID Number (not Social Security Number)	
*Course ID Number 17975	Name of Company or Organization Providing Training Triplepoint Environmental LLC		Course Training Name WWT/ Lagoon Sampling and Testing for Compliance	
Date(s) of Training	Hours/Minutes 1 hour/ 00 minutes	City (Where Training Occurred) Recorded webinar with certificate		
<u>c</u>	istencies; and how to under	, , ,	n where, when, and how to pull samples; how to avoid common optimize treatment. You'll also learn sampling strategies to show	
*Effective 7/1/2012, you must in	eclude Course ID Number o	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 acknown and is a cause of certificate	owledge that falsification of this form or any te revocation and/or suspension. Any person	e listed training. I understand that proof of training records must be form used in the certificate renewal process may result in denial of who knowingly makes a false, fictitious, or fraudulent material ffense after conviction is a Class 3 felony. (415 ILCS 5/44(h))	
Signature:		Date:	Daytime Phone:	