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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	Name of Company or Organization Providing Training Triplepoint Environmental LLC		Course Training Name
17989			WWT/ Meeting a Lagoon Total Nitrogen Limit
Date(s) of Training	Hours/Minutes 1 hour	City (Where Training Occurred) Recorded webinar with certificate	
	nd categories of Nitrogen;	*	e lagoon Total Nitrogen reduction process. tion and denitrification; and learn how a lagoon can be upgraded to
*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.
maintained by me for a period o certificate renewal or restoration	f four years. I further ackn and is a cause of certificat	owledge that falsification of this form or any te revocation and/or suspension. Any person	re listed training. I understand that proof of training records must be a form used in the certificate renewal process may result in denial of a 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: