



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 22036	Name of Company or Organization Providing Training Triplepoint Environmental	Course Training Name WWT Lagoon Masterclass: Algae and Duckweed 101
Date(s) of Training 06/10/2025 and on demand	Hours/Minutes 1 HOUR	City (Where Training Occurred) https://attendee.gotowebinar.com/register/6049665155458862172
Provide summary of wastewater/drinking water related training: Identification, causes and Impact on Lagoon Treatment		

**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.*

I certify that the above information is true and accurate and that I have successfully completed the above listed training. I understand that proof of training records must be maintained by me for a period of four years. I further acknowledge that falsification of this form or any form used in the certificate renewal process may result in denial of certificate renewal or restoration and is a cause of certificate revocation and/or suspension. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Signature: _____

Date: _____

Daytime Phone: _____