



**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 18254	Name of Company or Organization Providing Training USEPA/Doruntinë Rexhepi		Course Training Name DCT/Effluent Guidelines Program Plan 15
Date(s) of Training 01/31/2023	Hours/Minutes 1.5 Hours	City (Where Training Occurred) Virtual	
Provide summary of wastewater/drinking water related training: An overview of EPA’s effluent guideline planning process as well as the contents of Effluent Guideline Plan 15, including updates on EPA’s reviews of industrial wastewater discharges and treatment technologies, EPA’s 2021 annual review of effluent guidelines and pretreatment standards, and EPA’s continued focus in evaluating the extent and nature of per- and polyfluoroalkyl substances (PFAS) discharges and assess opportunities for limiting those discharges from multiple industrial categories, as outlined in EPA’s 2021 PFAS Strategic Roadmap.			

*\*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: \_\_\_\_\_