



**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 17967	Name of Company or Organization Providing Training Triplepoint Environmental LLC		Course Training Name WWT/Fundamentals of Lagoon Aeration
Date(s) of Training	Hours/Minutes 1 hour/ 00 minutes	City (Where Training Occurred) Recorded webinar with certificate	
Provide summary of wastewater: This 60 minute webinar covers the fundamentals of lagoon aeration, including design factors, how to calculate aeration requirements based on field conditions, and a comparison of aeration technologies.			

**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: _____