



**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 19356	Name of Company or Organization Providing Training Triplepoint Environmental LLC/Brady O'Leary		Course Training Name WWT/Lagoon Masterclass T1:Mod 4: Lagoon Aeration
Date(s) of Training 12/14/2023	Hours/Minutes 1 Hour	City (Where Training Occurred) Virtual/ <a href="https://register.gotowebinar.com/register/1496668856979218519">https://register.gotowebinar.com/register/1496668856979218519</a>	
Provide summary of wastewater related training: This hour-long webinar provides a broad overview of lagoon aeration, both in facultative and mechanically aerated lagoon systems; and its function in lagoon-based wastewater 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: \_\_\_\_\_