

Illinois EPA – Operator Certification BOW/CAS#19 1021 North Grand Avenue East, PO Box 19276 Springfield, Illinois 62794-9276 Telephone 217-785-0561

Operator Name (please print)



## **OPERATOR TRAINING FORM**

Water Operator 9-digit ID Number (not Social Security Number)

*C TD N 1	N CC O		
*Course ID Number 16220	Name of Company or Organization Providing Training IRWA/U.S. EPA – Laura Boczek & Jennifer Best		Course Training Name <b>DWT Drinking Water Microbes 102</b>
Date(s) of Training 07/27/2021	Hours/Minutes 1 hour / 30 minutes	City (Where Training Occurred) Live Webinar	
impact the bacterial counts regulatory program. It will o	and recovery. Additionally, par	ticipants receive an overview of the method	the water matrix, sample collection and laboratory processing can d review and approval processes of the federal drinking water Drinking Water Regulation, how to obtain a copy of an approved
*Effective 7/1/2012, you mu	ust include Course ID Number of	n this form or it will be returned. Until 7/1/	/2012, if not known, leave blank.
maintained by me for a peri certificate renewal or restor	od of four years. I further acknoation and is a cause of certificate	owledge that falsification of this form or an e revocation and/or suspension. Any person	ve listed training. I understand that proof of training records must be my form used in the certificate renewal process may result in denial of on who knowingly makes a false, fictitious, or fraudulent material offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))
Signature:		Date:	Daytime Phone: