



**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  21475	Name of Company or Organization Providing Training  USEPA-Alma Hidalgo, Cornell Gayle, Mike Beck		Course Training Name  WWT/Wastewater Lagoons 101: EPA Tools for Operators
Date(s) of Training  01/30/2025	Hours/Minutes  90 MINUTES	City (Where Training Occurred)  VIRTUAL/ <a href="https://www.zoomgov.com/webinar/register/WN_lke3XNnZQtaXOmQwazG_w#/registration">https://www.zoomgov.com/webinar/register/WN_lke3XNnZQtaXOmQwazG_w#/registration</a>	
Provide summary of wastewater/drinking water related training: In this webinar participants will learn about how lagoon systems are designed to treat wastewater and common compliance problems operators face. The webinar will also discuss several new tools EPA has developed for lagoon operators including the First Stop Toolbox for Lagoons, a Lagoon Troubleshooting Manual, and two documents providing compliance tips for lagoon operators.			

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