



**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<br><b>15287</b>                   | Name of Company or Organization Providing Training<br>Triplepoint Environmental LLC |   | Course Training Name<br><b>WWT Clean Water Oxygen Transfer Testing</b> |
| Date(s) of Training                                 | Hours/Minutes<br>1 hour / 00 minutes  | City (Where Training Occurred)<br>Recorded Webinar with Certificate         |  |
| Provide summary of drinking water related training: |   | Lagoons/ASCE Standard for the Measurement of Oxygen Transfer in Clean Water |  |
|   |   |   |  |

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