

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 Op	Water Operator 9-digit ID Number (not Social Security Number)	
*Course ID Number	Name of Company or Organization Providing Training		Course Training Name	
20753	Brad Ammons, US EPA Region 4, Atlanta		WWT/What is CMOM for Wastewater Collection Systems?	
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)		
08/29/2024	1 HOUR 30 MIN	Virtual/ https://usepa.zoomgov.com/webinar/register/WN_BhGn0YE5TBiM9wOj3a74IA#/registration		
approach for wastewater collection Programs Project, which uses EP.	on systems including propose A's self-audit policy to bring nter will also give information	ed federal regulations under the Clean g wastewater collection systems into co	ry of the CMOM (capacity, management, operations, and maintenance) Water Act (CWA). Will also give background on EPA Region 4's MOM empliance with the CWA and the goal of eliminating Sanitary Sewer vironmental Agencies using the MOM Programs Project approach	
*Effective 7/1/2012, you must incl	lude Course ID Number on t	his form or it will be returned. Until 7	/1/2012, if not known, leave blank.	
maintained by me for a period of certificate renewal or restoration a	four years. I further acknow and is a cause of certificate r	rledge that falsification of this form or evocation and/or suspension. Any per	bove listed training. I understand that proof of training records must be any form used in the certificate renewal process may result in denial of son who knowingly makes a false, fictitious, or fraudulent material at offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))	
Signature: Date:_			Daytime Phone:	