



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Wastewater Operator Certification Training Provider Application

Mail to: Illinois EPA - Wastewater Operator Certification, BOW/CAS #19, 1021 North Grand Ave. East, PO Box 19276, Springfield, IL 62794-9276

Training Provider or Sponsor		Contact Name
Address		Contact Email Address
City	State	Zip
Daytime Telephone Number		

Confirmation of course approval can be sent by email, fax, or direct mail. Please indicate which method your prefer.

- Mail to the address above.
- Send by email to this address: \_\_\_\_\_
- Send by fax to this number: \_\_\_\_\_

Training Event Name
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*Workshops, seminars, and/or conferences should always be considered one-time events unless the subject matter (agenda) stays the same.*

Is this training a one-time event?  Yes  No

If YES, Date(s) of Training: \_\_\_\_\_

If NO, what is the frequency/location of the training?: \_\_\_\_\_

What best describes the format/type of training that is involved? (Check all that apply.)

- Conference/Seminar
- Classroom (college)
- Actual Hands-On
- Operator's Group Meeting/Workshop
- ERTC
- ISAWWA
- IL Rural Water
- Regional/Association Group Workshop

If actual hands-on training is involved, please describe: \_\_\_\_\_

What general water-related content will this training provide? (Check all that apply.)

- Secondary Treatment
- Preliminary Treatment
- Primary Treatment
- Disinfection
- Sludge Handling/Application
- Maintenance
- SCADA/Controls
- Collection Systems
- Lab Analysis
- Chemical Feeding and/or Calculations
- Pumps
- Bio-Nutrient Removal
- Collecting Samples
- Clarifiers
- Regulations/Records
- Safety
- Process Control
- Water-Related
- Activated Sludge
- Fixed Film
- Lagoon

Please describe here if nothing above applies <u>or</u> describe any additional content that will be covered in training.
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If applicable, please attach any relevant documentation such as an Agenda that will help describe the training.

For this training, I am requesting that \_\_\_\_\_ total hours and/or \_\_\_\_\_ minutes of training credit be issued to all attendees. (If this training is an extended event covering weeks or months, I request \_\_\_\_\_ weeks or \_\_\_\_\_ months of credit be issued.)

I certify that the above information is true and accurate. I further acknowledge that 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: \_\_\_\_\_

### For Agency Use Only

Approved By:	Start Date:	End Date:	Course ID Number:
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