



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

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Michael R. Pence
Governor

Thomas W. Easterly
Commissioner

**WATER WORKS OPERATOR CERTIFICATION (INDIANA)
CONTINUING EDUCATION TRAINING COURSE APPROVAL NOTICE**

66-34
Mike Melvin
At Your Own Pace
1607 Williams Hwy, #6
Grants Pass, OR 97527

<u>PWST14-5075</u>	<u>August 29, 2014</u>	<u>Four Point Five (4.5) Technical</u>
CE Approval Number	Date Issued	Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved four point five (4.5) technical contact hours for the "Water Distribution System Operation Overview" to be given on various dates in 2014 thru 2016. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Please insure that all fields marked as "required" on the credit report, including the date(s) or the date range(s) of attendance, are generated by your organization's attendance tracking methods.

In accordance with 327 IAC 8-12-7.6 (a)(b)(c):

All training providers must maintain records on: the date of the training, the names of all individuals attending the training session, length of the session, the instructor's name, the program content, and the organization sponsoring the training. These records shall be maintained for a five (5) year period.

Training providers must submit a record of individuals attending courses within thirty (30) days of conclusion of the course. These records shall be maintained for a five (5) year period. The form for submitting proof of attendance will be supplied by the Commissioner. The form will contain the following: 1) name of course; 2) name of individual attending course; and, 3) date of course.

Any change in instructor or course presentation will require reevaluation.

Please complete the enclosed Continuing Education Credit Report Form for any Indiana drinking water operators requesting continuing education credit for this course. This form must be signed or initialed by the instructor/training provider. Submit these forms and a copy of the attendance roster to: **Indiana Department of Environmental Management, OWQ Drinking Water Branch, Mail Code 66-34 Attn: Judy Sullivan, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251** within thirty (30) days of completion of the approved course.

