



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204

(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

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

66-34

David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 975525

PWST20-7199
CE Approval Number

October 14, 2020
Date Issued

Two (2) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved two (2) technical contact hours for the "Advanced Oxidation & UV Disinfection" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at Lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7199

**Two (2) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:

()



Check here if this is a change of address.

Home telephone number:

()

Title of training course:

Advanced Oxidation and UV Disinfection

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Two (2) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWST20-7200
CE Approval Number

October 14, 2020
Date Issued

Three (3) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved three (3) technical contact hours for the "Coagulation and Flocculation" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", with a stylized flourish at the end.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7200

**Three (3) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:
()



Check here if this is a change of address.

Home telephone number:
()

Title of training course:

Coagulation and Flocculation

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Three (3) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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Governor

Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWST20-7201
CE Approval Number

October 14, 2020
Date Issued

Three (3) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved three (3) technical contact hours for the "Disinfection" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

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If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

Mail to:

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7201

**Three (3) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator		Mailing address (number and street):	
City:	State:	ZIP code:	Work telephone number: ()
<input type="checkbox"/> Check here if this is a change of address.			Home telephone number: ()

Title of training course:	Disinfection
Name of organization offering the course	At Your Pace Online
Number of contact hours approved for the course	Three (3) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: (Required)	Location attended:
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Number of contact hours attended and verified: (Required)
--

Signature of instructor or training provider: (Required)

Signature of drinking water operator: (Required)



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Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWST20-7202
CE Approval Number

October 14, 2020
Date Issued

Two and one half (2.5) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved two and one half (2.5) technical contact hours for the "Groundwater Wells" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7202

**Two and one half (2.5)
technical hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:
()



Check here if this is a change of address.

Home telephone number:
()

Title of training course:

Groundwater Wells

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Two and one half (2.5) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWST20-7203
CE Approval Number

October 15, 2020
Date Issued

Three (3) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved three (3) technical contact hours for the "Meters Valves and Hydrants" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7203

**Three (3) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:
()



Check here if this is a change of address.

Home telephone number:
()

Title of training course:

Meters Valves and Hydrants

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Three (3) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWST20-7205
CE Approval Number

October 15, 2020
Date Issued

Three (3) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved three (3) technical contact hours for the "Corrosion Control" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

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Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
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DRINKING WATER BRANCH

Mail to: Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7205

**Three (3) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator		Mailing address (number and street):	
City:	State:	ZIP code:	Work telephone number: ()
<input type="checkbox"/> Check here if this is a change of address.			Home telephone number: ()

Title of training course:	Corrosion Control
Name of organization offering the course	At Your Pace Online
Number of contact hours approved for the course	Three (3) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: (Required)	Location attended:
----------------------------------	--------------------

Number of contact hours attended and verified: (Required)
--

Signature of instructor or training provider: (Required)

Signature of drinking water operator: (Required)



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Eric J. Holcomb
Governor

Bruno Plgott
Commissioner

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

66-34
David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWST20-7206
CE Approval Number

October 15, 2020
Date Issued

Two and one half (2.5) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved two and one half (2.5) technical contact hours for the "Distribution System Water Quality Issues" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7206

**Two and one half (2.5)
technical hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:
()



Check here if this is a change of address.

Home telephone number:
()

Title of training course:

Distribution System Water Quality Issues

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Two and one half (2.5) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWST20-7207
CE Approval Number

October 15, 2020
Date Issued

Two (2) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved two (2) technical contact hours for the "Membrane Processes" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", with a stylized flourish at the end.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7207

**Two (2) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:
()



Check here if this is a change of address.

Home telephone number:
()

Title of training course:

Membrane Processes

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Two (2) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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Governor

Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online-AYPO Tech
1383 2nd Avenue
Gold Hill, OR 97525

PWST20-7297
CE Approval Number

December 14, 2020
Date Issued

Two and one half (2.5)
Technical Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved two and one half (2.5) technical contact hours for the "Source Water Issues and Pre-Treatment" that will be presented online all year through December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at Lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7297

**Two and one half (2.5)
technical hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:

()



Check here if this is a change of address.

Home telephone number:

()

Title of training course:

Source Water Issues and Pre-Treatment

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Two and one half (2.5) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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Commissioner

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

66-34
David Modica
At Your Pace Online
1383 2nd Avenue
Gold Hill, OR 97525

PWST20-7296
CE Approval Number

December 14, 2020
Date Issued

Two and one half (2.5)
Technical Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved two and one half (2.5) technical contact hours for the "Pumps and Motors" that will be presented online all year through December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7296

**Two and one half (2.5)
technical hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:
()



Check here if this is a change of address.

Home telephone number:
()

Title of training course:

Pumps and Motors

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Two and one half (2.5) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

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

66-34

David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWST20-7208
CE Approval Number

October 15, 2020
Date Issued

Three (3) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved three (3) technical contact hours for the "Pipelines" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

Mail to:

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7208

**Three (3) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:
()



Check here if this is a change of address.

Home telephone number:
()

Title of training course:

Pipelines

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Three (3) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online-AYPO Tech, LLC
1383 2nd Avenue
Gold Hill, OR 97525

PWST20-7300
CE Approval Number

December 14, 2020
Date Issued

Four and one half (4.5)
Technical Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved four and one half (4.5) technical contact hours for the "Water Distribution System Operation Overview" that will be presented online all year through December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



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If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", with a long horizontal flourish extending to the right.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

Mail to: Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7300

**Four and one half (4.5)
technical hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator		Mailing address (number and street):	
City:	State:	ZIP code:	Work telephone number: ()
<input type="checkbox"/> Check here if this is a change of address.			Home telephone number: ()

Title of training course:

Water Distribution System Operation Overview

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Four and one half (4.5) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of Instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

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

66-34

David Modica

At Your Pace Online-AYPO Tech, LLC

1383 2nd Avenue

Gold Hill, Oregon 98525

PWST20-7301

CE Approval Number

December 14, 2020

Date Issued

Two (2) Technical

Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved two (2) technical contact hours for the "Storage Tank Facilities" that will be presented online all year through December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", written in a cursive style.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

Mail to:

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7301

**Two (2) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator		Mailing address (number and street):	
City:	State:	ZIP code:	Work telephone number: ()
<input type="checkbox"/> Check here if this is a change of address.			Home telephone number: ()

Title of training course:	Storage Tank Facilities
Name of organization offering the course	At Your Pace Online
Number of contact hours approved for the course	Two (2) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: (Required)	Location attended:
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Number of contact hours attended and verified: (Required)
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Signature of instructor or training provider: (Required)

Signature of drinking water operator: (Required)



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

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

66-34

David Modica

At Your Pace Online- AYPO Tech, LLC

1383 2nd Avenue

Gold Hill, OR 97525

PWST20-7299

CE Approval Number

December 14, 2020

Date Issued

Three (3) Technical

Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved three (3) technical contact hours for the "Sedimentation and Filtration" that will be presented online all year through December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", with a stylized flourish at the end.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

Mail to: Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7299

**Three (3) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator		Mailing address (number and street):	
City:	State:	ZIP code:	Work telephone number: ()
<input type="checkbox"/> Check here if this is a change of address.			Home telephone number: ()

Title of training course:	Sedimentation and Filtration
Name of organization offering the course	At Your Pace Online
Number of contact hours approved for the course	Three (3) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: (Required)	Location attended:
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Number of contact hours attended and verified: (Required)
--

Signature of instructor or training provider: (Required)

Signature of drinking water operator: (Required)



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Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

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

66-34
David Modica
At Your Pace Online-AYPO Tech, LLC
1383 2nd Avenue
Gold Hill, OR 97525

PWST20-7298
CE Approval Number

December 14, 2020
Date Issued

Three (3) Technical
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved three (3) technical contact hours for the "Surface Water Treatment Plant Operations" that will be presented online all year through December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



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If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Melvin", with a long horizontal flourish extending to the right.

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWST20-7298

**Three (3) technical
hours**

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:

()



Check here if this is a change of address.

Home telephone number:

()

Title of training course:

Surface Water Treatment Plant Operations

Name of organization offering the course

At Your Pace Online

Number of contact hours approved for the course

Three (3) technical

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**



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

66-34
David Modica
At Your Pace Online
1383 2nd Ave.,
Gold Hill, OR 97525

PWSG20-7204
CE Approval Number

October 15, 2020
Date Issued

Two (2) General
Contact Hours

You are hereby notified that the Drinking Water Branch, Office of Water Quality, has approved two (2) general contact hours for the "Basic Electrical Concepts for Water Operators" that will be presented online/ongoing 2020-December 31, 2022. This Indiana drinking water approval number should be used by all individuals seeking Indiana drinking water continuing education credits for this training. Any change in instructor or course presentation will require reevaluation. Please ensure 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. Training providers must submit a record of individuals attending courses within thirty (30) days of the 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.

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 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: Leslie Ritsmon, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251 within thirty (30) days of completion of the approved course.

If you wish to challenge this action, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are



A State that Works

If you have procedural or scheduling questions regarding your Petition for Administrative Review by the Office of Environmental Adjudication please refer to the FAQs on OEA's website at <http://www.in.gov/oea>.

If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at lritsmon@idem.in.gov or 317/233-7464.

Sincerely,

A handwritten signature in cursive script, appearing to read "Liz Melvin".

Liz Melvin, Section Chief
Capacity, Certification & Permits Section
Drinking Water Branch
Office of Water Quality

LM/LR
Enclosure



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

Mail to: Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

To ensure proper credit, the
Indiana Drinking Water approval
number **MUST** be submitted on the
form.

Indiana Drinking Water Approval Number

PWSG20-7204

Two (2) general hours

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator		Mailing address (number and street):	
City:	State:	ZIP code:	Work telephone number: ()
<input type="checkbox"/> Check here if this is a change of address.			Home telephone number: ()

Title of training course:	Basic Electrical Concepts for Water Operators
Name of organization offering the course	At Your Pace Online
Number of contact hours approved for the course	Two (2) general

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Date Attended: (Required)	Location attended:	

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**