# DEM

#### 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

Bruno Pigott
Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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 Train	ing Provider must retain	a copy of the con	npleted form for their records in
accordance with 327 IAC 8-12-7.6.			
Since this is a form of attendance verification, it is requested the		d during the latter	portion of the training session.
No credit will be considered when original signatures are not show	vn.		
Name of certified operator	Mailing address (nur	nber and street):	
	,	,	
•			
City:	State:	ZIP code:	Work telephone number:
			( )
Check hors if this is a shower of addu			Home telephone number:
Check here if this is a change of addre	ess.		/ \
			,
Title of training course:			
	on and UV Disinfed	etion	
Name of organization offering the course	OII WIII O , DIDIIII V		
	r Pace Online		
Number of contact hours approved for the course	1 1 doo Ommo		
••	2) technical		
	TO DRINKING WA	IEK:	
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Evniration	on Date:
Operator Certification number.	Olass/Glade.	Expirate	on Date.
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on 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

Bruno Pigott
Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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 cre	edit. Be sure to record th	he certification nur	mber and class/grade for each
certification for which you are requesting credit.		• 41	
Mail the original form to IDEM at the above address. The Traini	ng Provider must retain	a copy of the com	pleted form for their records in
accordance with 327 IAC 8-12-7.6.	1 H 1 - P 1 - 1 - 1 - 1 - 1		ar a specific to the second
Since this is a form of attendance verification, it is requested that No credit will be considered when original signatures are not show	it this form be distributed	d during the latter	portion of the training session.
Name of certified operator	Mailing address (num	nber and street):	
City:	State:	ZIP code:	Work telephone number:
			( )
Check here if this is a change of addre	SS.		Home telephone number:
			( )
Title of training course:			
	and Flocculation		
Name of organization offering the course	D 0 1'		
	Pace Online		
Number of contact hours approved for the course	20 1 1 1		
	3) technical		
CREDIT APPLIED	TO DRINKING WA	TER:	
Operator certification number:	Class/Grade:	Expiration	on Date:
	Class/Grade:	Expiration	on Date:
	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on 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)			

## DEM

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Eric J. Holcomb

Bruno Pigott Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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

INSTRUCTIONS: To ensure proper credit, print legibly

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

I his form must be completed in order for the attendee to get certification for which you are requesting credit.  Mail the original form to IDEM at the above address. The Tra accordance with 327 IAC 8-12-7.6.  Since this is a form of attendance verification, it is requested No credit will be considered when original signatures are not sh	aining Provider must that this form be dis	t retain a copy of the con	npleted form for their records in
Name of certified operator	Mailing addres	ss (number and street):	
City:	State:	ZIP code:	Work telephone number:
Check here if this is a change of add	Iress.		Home telephone number:
Title of training course:	Disinfection		
Name of organization offering the course	our Pace Online		
Number of contact hours approved for the course  Three (3) technical			
CREDIT APPLIE	D TO DRINKING	WATER:	
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on 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

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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 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



State Form 45674 (R / 08-2005)
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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

INSTRUCTIONS: To ensure proper credit, print legibly

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

Mail the original form to IDEM at the above address. The Train accordance with 327 IAC 8-12-7.6.  Since this is a form of attendance verification, it is requested the No credit will be considered when original signatures are not show	at this form be distribute		
Name of certified operator			
		•	
City:	State:	ZIP code:	Work telephone number:
Check here if this is a change of addre	)SS.		Home telephone number:
Title of training course:	1 . 337 11		
	lwater Wells		
Name of organization offering the course At You	r Pace Online		
Number of contact hours approved for the course			
Two and one	half (2.5) technical		
CREDIT APPLIED	TO DRINKING WA	ATER:	
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on 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)			

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



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Eric J. Holcomb

Bruno Pigott Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



State Form 45674 (R / 08-2005)
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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 cre	edit. Be sure to record the	e certification nur	nber and class/grade for each
certification for which you are requesting credit.			
Mail the original form to IDEM at the above address. The Traini accordance with 327 IAC 8-12-7.6.	ng Provider must retain a	copy of the com	pietea form for their records in
Since this is a form of attendance verification, it is requested that	at this form he distributed	during the latter	nortion of the training session
No credit will be considered when original signatures are not show		during the latter p	oordon of the training session.
Name of certified operator	Mailing address (numl	per and street):	
City:	State:	ZIP code:	Work telephone number:
			( )
Check here if this is a change of addre	ss.		Home telephone number:
<b></b>			( )
Title of training course:			
	es and Hydrants		
Name of organization offering the course			
At Your	Pace Online		
Number of contact hours approved for the course			
	(3) technical		
CREDIT APPLIED TO DRINKING WATER:			
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Date Attended: (Required)	Location attended:		
Number of contact hours attended and verified: (Required)			
Number of contact hours attended and verified: (Required)  Signature of instructor or training provider: (Required)			



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Eric J. Holcomb

Bruno Pigott Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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.

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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:literature">literature</a> at <a href="mailto:literature">literature</a> at <a href="mailto:literature">literature</a> at <a href="mailto:literature</a> at <a href="mailto:literature</a>) or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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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

PWST20-7205

Three (3) technical hours

INSTRUCTIONS: To ensure proper credit, print legibly	•		
This form must be completed in order for the attendee to get cre	dit. Be sure to record ti	he certification nur	mber and class/grade for each
certification for which you are requesting credit.			
Mail the original form to IDEM at the above address. The Training	ng Provider must retain	a copy of the com	pleted form for their records in
accordance with 327 IAC 8-12-7.6.			
Since this is a form of attendance verification, it is requested tha		d during the latter <sub>i</sub>	portion of the training session.
No credit will be considered when original signatures are not show	n. į		
Name of certified operator	Mailing address (nun	nber and street):	
	,	•	
City:	State:	ZIP code:	Work telephone number:
			( )
		<u> </u>	Home telephone number:
Check here if this is a change of addre	SS.		/ / /
Title of training course:			
	ion Control		
Name of organization offering the course			
	Pace Online		
Number of contact hours approved for the course	Tuo ommo		
	3) technical		
CREDIT APPLIED		IER:	
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
O-setter and Godfer number			
Operator certification number: Class/Grade: Expiration Date:			
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
	Olassi Osada	Expiration	an Data:
Operator certification number:	Class/Grade:	Expiration	
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on 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)			

## IDEM ....

#### 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

Bruno Pigott Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality

LM/LR

Enclosure



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

INSTRUCTIONS: To ensure proper credit, print legibly

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

This form must be completed in order for the attendee to get cre certification for which you are requesting credit. Mail the original form to IDEM at the above address. The Trainin accordance with 327 IAC 8-12-7.6. Since this is a form of attendance verification, it is requested tha No credit will be considered when original signatures are not show.	ng Provider must retain a t this form be distributed	copy of the com	pleted form for their records in
Name of certified operator	Mailing address (numb	er and street):	
City:	State:	ZIP code:	Work telephone number: ( )
Check here if this is a change of addre	SS.		Home telephone number: ( )
Title of training course:  Distribution System	n Water Quality Issu	ies	
Name of organization offering the course	Page Online		
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	n Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiratio	n Date:
Date Attended: (Required)	Location attended:		
Number of contact hours attended and verified: (Required)			
Signature of instructor or training provider: (Required)	1.0700.1.1.01.1.00000000		
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 1383 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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 legist	<u>y</u>		
This form must be completed in order for the attendee to get	t credit. Be sure to red	ord the certification nu	mber and class/grade for each
certification for which you are requesting credit.  Mail the original form to IDEM at the above address. The Tr	rainina Providor muet r	otain a conv of the con	onleted form for their records in
accordance with 327 IAC 8-12-7.6.	aining Frovider must r	етан а сору от те соп	pieted form for their records in
Since this is a form of attendance verification, it is requested	l that this form be distr	ibuted during the latter	portion of the training session.
No credit will be considered when original signatures are not sl			
Name of certified operator	Mailing address	(number and street):	
City:	State:	ZIP code:	Work telephone number:
•			( )
Check here if this is a change of ad-	dress.		Home telephone number:
oncorr note it and to a change of an			( )
Title of training course:			
	brane Processes		
Name of organization offering the course	D 0.1		
	our Pace Online		
Number of contact hours approved for the course  Two (2) technical			
	D TO DRINKING	WATER:	
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:		on Date:
Operator certification number:	Class/Grade:	Expirati	on Date:
Operator certification number:	Class/Grade:	Expirati	on 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)			

## IDEM

#### INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment,

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Eric J. Holcomb

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 2<sup>nd</sup> Avenue
Gold Hill, OR 97525

PWST20-7297 CE Approval Number

December 14, 2020 Date Issued

4, 2020 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



If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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

INSTRUCTIONS: To ensure proper credit, print legibly

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

This form must be completed in order for the attendee to get concertification for which you are requesting credit.  Mail the original form to IDEM at the above address. The Train accordance with 327 IAC 8-12-7.6.  Since this is a form of attendance verification, it is requested the No credit will be considered when original signatures are not show	ning Provider must retain nat this form be distribute	a copy of the com	ppleted form for their records in
Name of certified operator	Mailing address (num	nber and street):	
City:	State:	ZIP code:	Work telephone number:
Check here if this is a change of address	ess.		Home telephone number:
Title of training course:			
	sues and Pre-Treatme	ent	
Name of organization offering the course  At You	ır Pace Online		
Number of contact hours approved for the course	half (2.5) technical		
	TO DRINKING WA	TER:	
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	n Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	n Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	n 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

Bruno Pigott
Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:lritsmon@idem.in.gov">lritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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

INSTRUCTIONS: To ensure proper credit, print legibly

100 N. Senate Avenue

Signature of drinking water operator: (Required)

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

This form must be completed in order for the attendee to get cr	redit. Be sure to record th	he certification nur	mber and class/grade for each
certification for which you are requesting credit.	nina Dravidar must ratain	a sany of the con	
Mail the original form to IDEM at the above address. The Train accordance with 327 IAC 8-12-7.6.	iing Provider must retain	a copy or the com	npietea form for their records in
Since this is a form of attendance verification, it is requested th	at this form be distributed	d durina the latter	nortion of the training session.
No credit will be considered when original signatures are not show	wn.	, , , , , , , , , , , , , , , , , , , ,	Posta 21 21 21 21 21 21 21 21 21 21 21 21 21
Name of certified operator	Mailing address (num	nher and street):	
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City:	State:	ZIP code:	Work telephone number:
ony.	otato.	211 0000.	( )
Check here if this is a change of addre	ess		Home telephone number:
			( )
Title of training course:			
	s and Motors		
Name of organization offering the course	D - OI!		
Number of contact hours approved for the course	r Pace Online		
	half (2.5) technical		
CREDIT APPLIED TO DRINKING WATER:			
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Operator certification number:	Class/Grade:	Expiratio	on Date:
Date Attended: (Required)	Location attended:		
Number of contact hours attended and verified: (Required)			
Signature of instructor or training provider: (Required)			

# IDEM

#### INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Eric J. Holcomb

Bruno Pigott
Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:lritsmon@idem.in.gov">lritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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

INSTRUCTIONS: To ensure proper credit, print legibly

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

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	Expiration Date:		
Operator certification number:	Class/Grade:	Expiration	Expiration Date:		
Operator certification number:	Class/Grade:	Expiration	Expiration Date:		
Operator certification number:	Class/Grade:	Expiration	Expiration Date:		
Operator certification number:	Class/Grade:	Expiration	Expiration Date:		
Operator certification number:	Class/Grade:	Expiratio	Expiration Date:		
Operator certification number:	Class/Grade:	Expiration	Expiration Date:		
Operator certification number:	Class/Grade:	Expiratio	Expiration Date:		
Date Attended: (Required)	ocation attended:				
Number of contact hours attended and verified: (Required)					
Signature of instructor or training provider: (Required)					
Signature of drinking water operator: (Required)					

# IDEM

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Eric J. Holcomb

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 2<sup>nd</sup> Avenue Gold Hill, OR 97525

PWST20-7300 CE Approval Number <u>December 14, 2020</u>

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 have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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 cre	edit. Be sure to record th	e certification nur	mber and class/grade for each	
certification for which you are requesting credit.	in a Dun dala u un at un tatu	<b></b>	untaka difarma faritha in managada in	
Mail the original form to IDEM at the above address. The Train accordance with 327 IAC 8-12-7.6.	ing Proviaer must retain	a copy or the com	pietea form for their records in	
Since this is a form of attendance verification, it is requested that	et this form be distributed	during the latter	nortion of the training session	
No credit will be considered when original signatures are not show	n.	admig the ration	portion of the training edeplor.	
Name of certified operator	Mailing address (number and street):			
	,			
City:	State:	ZiP code:	Work telephone number:	
· ·	olulo.	211 0000.	( )	
Check how if this is a shown of adda			Hama talanhana nyumban	
Check here if this is a change of addre	aaress.		Home telephone number:	
Title of training course:				
Water Distribution Sy	ystem Operation Ove	erview		
Name of organization offering the course	D 0 1'			
	Pace Online			
Number of contact hours approved for the course  Four and one	half (4.5) technical			
	TO DRINKING WAT	TER:		
Operator certification number:	Class/Grade:		on Date:	
·			Expiration Date:	
Operator certification number:	Class/Grade:	Expiration	Expiration Date:	
Operator certification number:	Class/Grade:	Expiration	Expiration Date:	
Operator certification number:	Class/Grade:	Expiration	Expiration Date:	
Operator certification number:	Class/Grade:	Expiration	Expiration Date:	
Operator certification number:	Class/Grade:	Expiration	Expiration Date:	
Operator certification number:	Class/Grade:	Expiratio	Expiration Date:	
Operator certification number:	Class/Grade:	Expiratio	Expiration Date:	
Date Attended: (Required)	Location attended:			
Number of contact hours attended and verified: (Required)				
Signature of instructor or training provider: (Required)				
orginators of mondotor of naming provider. (Interprines)				
Signature of drinking water operator: (Required)	, , , , , , , , , , , , , , , , , , , ,			

# IDEM

#### 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

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 2<sup>nd</sup> 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



If you have any questions, please do not he sitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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 cre	dit. Be sure to record the	e certification nur	nber and class/grade for each
certification for which you are requesting credit.			
Mail the original form to IDEM at the above address. The Training	ng Provider must retain a	a copy of the com	pleted form for their records in
accordance with 327 IAC 8-12-7.6.	-	• •	
Since this is a form of attendance verification, it is requested tha	t this form be distributed	during the latter	portion of the training session.
No credit will be considered when original signatures are not show			·
Name of certified operator	Mailing address (number and street):		
		•	
City:	State:	ZIP code:	Work telephone number:
Oily.	State.	2.11 0000.	( )
			,
Check here if this is a change of addre	SS.		Home telephone number:
			( )
Title of training course:			
Storage T	Tank Facilities		
Name of organization offering the course			
At Your	Pace Online		
Number of contact hours approved for the course			
Two (2	2) technical		
CREDIT APPLIED	TO DRINKING WAT		
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on 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	on 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)			

# DEM

### 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.lN.gov

Eric J. Holcomb

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 2<sup>nd</sup> 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



If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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 cre	edit. Be sure to record th	ne certification nui	mber and class/grade for each
certification for which you are requesting credit.			
Mail the original form to IDEM at the above address. The Train	ing Provider must retain	a copy of the com	pleted form for their records in
accordance with 327 IAC 8-12-7.6.			
Since this is a form of attendance verification, it is requested the	at this form be distributed	during the latter	portion of the training session.
No credit will be considered when original signatures are not show	/n.		
Name of certified operator	Mailing address (num	ber and street):	
•			
City:	State:	ZIP code:	Work telephone number:
			( )
Check have if this is a sharper of address			Home telephone number:
Check here if this is a change of addre	355.		/ \
Title of training course:			<u> </u>
	ion and Filtration		
Name of organization offering the course			
	r Pace Online		
Number of contact hours approved for the course			
	(3) technical		
	\	ECD.	
	TO DRINKING WA		
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration	on Date:
Operator certification number:	Class/Grade:	Expiration Date:	
Operator certification number:	Class/Grade:	Expiration Date:	
	Class/Grade:	<u>'</u>	
Operator certification number:		Expiration Date:	
Operator certification number:	Class/Grade:	Expiration	
Operator certification number:	Class/Grade:	Expiration Date:	
Operator certification number:	Class/Grade:	Expiration	on 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)			

# IDEM 153. 63

### 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

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 2<sup>nd</sup> Avenue Gold Hill, OR 97525

PWST20-7298 CE Approval Number

<u>December 14, 2020</u>

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



If you have any questions, please do not hesitate to contact Ms. Leslie Ritsmon of my staff, at <a href="mailto:liritsmon@idem.in.gov">liritsmon@idem.in.gov</a> or 317/233-7464.

Sincerely,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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 creat, print legibly				
This form must be completed in order for the attendee to get of	redit. Be sure to re	ecord the certification nu	mber and class/grade for each	
certification for which you are requesting credit.				
Mail the original form to IDEM at the above address. The Train	ning Provider must	retain a copy of the con	npleted form for their records in	
accordance with 327 IAC 8-12-7.6.	•			
Since this is a form of attendance verification, it is requested to		tributed during the latter	portion of the training session.	
No credit will be considered when original signatures are not sho	wn.			
Name of certified operator	Mailing addres	ss (number and street):		
Traine of common operator	maining addition (mains) and outsey.			
City:	State:	ZIP code:	Work telephone number:	
J.y.			( )	
Check here if this is a change of add	ress.		Home telephone number:	
			( )	
Title of training course:				
Surface Water Tr	eatment Plant C	perations		
Name of organization offering the course				
	ur Pace Online			
Number of contact hours approved for the course				
	(3) technical			
CREDIT APPLIED	TO DRINKING	3 WATER:		
Operator certification number:	Class/Grade:	Expirati	on Date:	
Operator certification number:	Class/Grade:	Expiration	on Date:	
Operator certification number:	Class/Grade:	Expirati	on Date:	
Operator certification number.	Oldobi Olddo.			
Operator certification number:	Class/Grade:	Expiration Date:		
Operator certification number:	Class/Grade:	Expiration	Expiration Date:	
Operator certification number:	Class/Grade:	Expirati	Expiration Date:	
Operator ostanostranistra		•		
Operator certification number:	Class/Grade:	Expiration	on Date:	
0	Class/Grade:	Expiration	on Data:	
Operator certification number:	Class/Grade.	Cxpiration	on 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)			•	
organismo or annually reason operation (interferences)				

# IDEM

### 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

Bruno Pigott Commissioner

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

66-34 David Modica At Your Pace Online 1383 2<sup>nd</sup> 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



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,

Liz Melvin, Section Chief

Capacity, Certification & Permits Section

Drinking Water Branch Office of Water Quality



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, prin	t legibly			
This form must be completed in order for the attende	ee to get credit. Be sure to reco	ord the certification nu	mber and class/grade for each	
certification for which you are requesting credit.			A A A A A A A A A A A A A A A A A A A	
Mail the original form to IDEM at the above address.	The Training Provider must re	tain a copy of the cor	npietea form for their records in	
accordance with 327 IAC 8-12-7.6.	1 10 101 101 100 10 10 10	to at alcorder as the a factor	and the training equipm	
Since this is a form of attendance verification, it is re	quested that this form be distric	outea auring the latter	portion of the training session.	
No credit will be considered when original signatures a				
Name of certified operator	Mailing address (	Mailing address (number and street):		
	ļ			
011	State:	ZIP code:	Work telephone number:	
City:	State.	Zii code.	( )	
Check here if this is a change	e of address.		Home telephone number:	
			( )	
Title of training course:				
Basic Elect	rical 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 A	APPLIED TO DRINKING \			
Operator certification number:	Class/Grade:	Expirat	ion Date:	
Operator certification number:	Class/Grade:	<u> </u>	ion Date:	
Operator certification number:	Class/Grade:	Expiration Date:		
Operator certification number:	Class/Grade:	Expirat	Expiration Date:	
Operator certification number:	Class/Grade:	Expirat	Expiration Date:	
Operator certification number:	Class/Grade:	Expiral	Expiration Date:	
Operator certification number:	Class/Grade:	Expirat	Expiration Date:	
Operator certification number:	Class/Grade:	Expiral	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)				