

Contact Information:

Indiana Department of Environmental Management WWT

IN Dept. of Environ. Mgmt.
Office of Water Quality MC 65-42
100 N Senate Ave. Rm. 1255
Indianapolis, IN 46204-2251
Phone: (317) 232-8791
Email: rmcmonig@idem.in.gov
[Visit Their Website](#)

Approval Details:

Please see attached Approval Letter for details regarding the Indiana State approval of the **Wastewater Treatment Fundamentals I: Liquid Treatment** Distance Learning Course.



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

April 24, 2019

Mr. Matthew Jones
Water Environment Federation
601 Wythe Street
Alexandria, VA 22314

Dear Mr. Jones:

Re: Wastewater Operator Certification Continuing
Education Training Course Approval Notice

You are hereby notified that the Indiana Department of Environmental Management has retroactively approved the application for the wastewater operator continuing education course named:

<u>Course</u>	<u>Approval Number</u>	<u>Contact Hours:</u>	
		<u>Technical</u>	<u>General</u>
Wastewater Fundamentals I: Liquid Treatment	WWT19-3815-T60-G00	60	

This course is valid and held online **February 11, 2019 through December 31, 2024**; hosted on the website: www.wef.org. All Continuing Education Reports must be accompanied by a valid record of course completion. These courses are sponsored by the **Water Environment Federation**.

NOTE: Credit will not be granted for repeating the same training course within a renewal period per 327 IAC 5-22-16 (c) Partial course credit is not allowed per 327 IAC 5-22-16(e)

In accordance with 327 IAC 5-22-17:

A training provider shall generate records of each wastewater treatment continuing education course conducted that include: (1) date of course, (2) name of each person in attendance at the course, (3) length of time of the course, (4) the instructor's name, (5) the course content, and (6) name of the organization sponsoring the course. Records shall be maintained for a three (3) year period following the presentation of each wastewater treatment continuing education course.

Within ninety (90) days of conclusion of the wastewater continuing education course, the training provider must submit proof of attendance on a form provided by the Commissioner. The form will contain the following information: (1) name of course; (2) name of individual attending course; and (3) date of course. Submit these forms **and a copy of the certificate of completion** to:

Wastewater Continuing Education Director
Indiana Department of Environmental Management
OWQ – Compliance Evaluation Section
100 N. Senate Ave IGCN 1255
Indianapolis, IN 46204-2251

IDEM strives to preserve the integrity of the operator certification program, and therefore expect some level of accountability from the parties providing training, whether in person or online. Any discrepancies of signatures on the continuing education credit report form, certificate of completion, or the training being monitored will be evaluated and subject to denial. If you have any questions, please contact me by phone at (317) 233-0479 or by e-mail at tfullerw@idem.in.gov.

Sincerely,

Tonja Fuller-White, Wastewater
Continuing Education Director
Compliance Branch
Office of Water Quality

tfw
Enclosures



A State that Works



WASTEWATER OPERATOR/APPRENTICE CONTINUING EDUCATION CREDIT REPORT

State Form 51139 (R3 / 4-08)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

To ensure proper credit, the wastewater approval number **MUST** be provided.

Training Course Approval Number:

Operator

Apprentice

Technical Contact Hours Earned:

General Contact Hours Earned:

INSTRUCTIONS:

In accordance with 327 IAC 5-22-17(c), the training provider **must** submit this form within ninety (90) days of the conclusion of the wastewater treatment continuing education course. Mail the completed form to:

Wastewater Continuing Education Coordinator
Indiana Dept. of Environmental Management
100 N. Senate Ave - Mail Code 65-42
Indianapolis, IN 46204-2251

- Incomplete forms will be returned to the training course provider for completion and resubmittal to IDEM.
- Partial course credit shall not be given to instructors, speakers, or students participating in less than a complete wastewater treatment continuing education course.
- The training provider must retain a copy of this form for their records for a three (3) year period following the presentation of each wastewater treatment continuing education course.
- Training providers are encouraged to provide a copy of the completed and signed credit reporting form to the certified operator/apprentice attending the entire wastewater operator continuing education course.

CERTIFIED OPERATOR/APPRENTICE INFORMATION

1. NAME:

2. ADDRESS (number and street):

City:

State:

ZIP code:

Telephone number:

Work:

Home/Cell:

Check here if this is an address change

E-mail Address:

COURSE INFORMATION

3. NAME OF TRAINING COURSE:

4. NAME OF TRAINING COURSE PROVIDER:

5. NAME OF ORGANIZATION SPONSORING COURSE:

6. DATE(S) ATTENDED (month, day, year):

7. LOCATION ATTENDED:

8. TOTAL NUMBER OF CONTACT HOURS ATTENDED BY CERTIFIED OPERATOR/APPRENTICE AND VERIFIED BY INSTRUCTOR AND TRAINING COURSE PROVIDER:

Technical Contact Hours:

General Contact Hours:

9. CERTIFICATE OF COMPLETION IS REQUIRED FOR ALL ON-LINE COURSES.

I, the undersigned, certify under penalty of law that this document (and any attachments) were prepared under my direction or supervision and that the information submitted is, to the best of my knowledge and belief, true, accurate, and correct. I also understand that any omissions or misrepresentations may result in the denial of continuing education credit for this course.

10. SIGNATURE OF INSTRUCTOR:

11. PRINTED NAME OF INSTRUCTOR:

12. SIGNATURE OF CERTIFIED OPERATOR/APPRENTICE:

13. PRINTED NAME OF CERTIFIED OPERATOR/APPRENTICE:

14. CONTINUING EDUCATION CREDIT HOURS ARE TO BE APPLIED TO:

Operator certification/apprentice number:

Class:

Expiration date:

Operator certification/apprentice number:

Class:

Expiration date:



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Table with 3 columns: Course, Approval Number, Contact Hours. Row 1: Wastewater Fundamentals I: Liquid Treatment, WWT19-3815-T60-G00, 60

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Sincerely,

Handwritten signature of Tonja Fuller-White

Tonja Fuller-White, Wastewater
Continuing Education Director
Compliance Branch
Office of Water Quality

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CERTIFIED OPERATOR/APPRENTICE INFORMATION

1. NAME:

2. ADDRESS (number and street):

City:	State:	ZIP code:	Telephone number: Work: <input type="checkbox"/> Home/Cell: <input type="checkbox"/>
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Check here if this is an address change

E-mail Address:

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3. NAME OF TRAINING COURSE:

4. NAME OF TRAINING COURSE PROVIDER:

5. NAME OF ORGANIZATION SPONSORING COURSE:

6. DATE(S) ATTENDED (month, day, year):

7. LOCATION ATTENDED:

8. TOTAL NUMBER OF CONTACT HOURS ATTENDED BY CERTIFIED OPERATOR/APPRENTICE AND VERIFIED BY INSTRUCTOR AND TRAINING COURSE PROVIDER:

Technical Contact Hours:	General Contact Hours:
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I, the undersigned, certify under penalty of law that this document (and any attachments) were prepared under my direction or supervision and that the information submitted is, to the best of my knowledge and belief, true, accurate, and correct. I also understand that any omissions or misrepresentations may result in the denial of continuing education credit for this course.

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