



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

VERNON MAURICE JENKINS  
11445 SHANE CIR  
  
RIDGELY MD 21660

Operator Certification Number: **0168**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

☐ ***I consent to receive my certificate(s) by email in lieu of mail.***

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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DANNY K. MCCUMBERS  
12346 OLD BRIDGE RD  
LOT 201  
OCEAN CITY MD 21842

Operator Certification Number: **0275**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

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requirements by the expiration date will  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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TIMOTHY RIDDLE  
4344 LOUISVILLE RD  
  
FINKSBURG MD 21048

Operator Certification Number: **0513**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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DAVID K. BERCH  
5660 FRENCH AVE  
  
SYKESVILLE MD 21794

Operator Certification Number: **0551**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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DAVID HAMMETT  
1202 OAK HILL PLACE APT.  
1A  
ANNAPOLIS MD 21403

Operator Certification Number: **0591**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



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DORRANCE L. JONES  
4754 HOMESDALE AVE  
  
BALTIMORE MD 21206

Operator Certification Number: **0763**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24
OPERATOR	INDUSTRIAL WASTEWATER	7	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
TEMPORARY	WATER TREATMENT	2	24

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

CURTIS WAYNE DEAL  
11619 BIG POOL RD  
  
BIG POOL MD 21711

Operator Certification Number: **0825**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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DUSTIN MALOTT  
16106 OAK TREE LN  
  
WILLIAMSPORT MD 21795

Operator Certification Number: **0886**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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RYAN COOK  
9843 ROCKY RIDGE RD  
  
ROCKY RIDGE MD 21778

Operator Certification Number: **0914**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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JUAN RIVAS  
10301 CHAUTAUQUA AVE  
  
LANHAM MD 20706

Operator Certification Number: **0968**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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CASEY E RAUSCH  
102 SOUTH ADAMS ST  
  
WOODSBORO MD 21798

Operator Certification Number: **10009**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

CHRISTOPHER HUFFMAN  
4334 SYCAMORE DR  
  
HAMPSTEAD MD 21074

Operator Certification Number: **10238**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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ADAM ABE  
18406 EAST WILSON RD  
  
OLDTOWN MD 21555

Operator Certification Number: **10314**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BRUCE GILBERT  
8793 COTTONGRASS ST  
  
WALDORF MD 20603

Operator Certification Number: **1039**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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CHRISTOPHER J SWANN  
46137 JAMM LANE  
  
DRAYDEN MD 20630

Operator Certification Number: **10416**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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WILLIAM JAMES ZIMMERMAN, JR  
12366 LIBERTY EAST  
TERRACE  
UNION BRIDGE MD 21791

Operator Certification Number: **10439**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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(OVER)



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GARY ALBRIGHT JR  
674 S MAIN ST  
  
RED LION PA 17356

Operator Certification Number: **10457**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

TYLER FORREST  
17119 MINER AVENUE  
  
WILLIAMSPOR MD 21795

Operator Certification Number: **10732**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Date \_\_\_\_\_

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DANIEL PROCTOR  
38817 SLEEPY HOLLOW LANE  
MEHCNICSVILLE MD 20659

Operator Certification Number: **10771**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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JOSEPH MICHAEL GREEN  
16016 FOXVILLE DEERFILED  
ROAD  
SABILLASVILLE MD 21784

Operator Certification Number: **10850**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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LUKE MYERS  
2623 MILT SUMMERS ROAD  
  
MIDDLETOWN MD 21769

Operator Certification Number: **10898**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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FRANK NICK  
413 COLES CIRCLE  
  
SALISBURY MD 21804

Operator Certification Number: **10945**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	1	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

WYATT HANCE  
2000 WASH HANCE RD  
  
PORT REPUBLIC MD 20676

Operator Certification Number: **11555**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

**VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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THOMAS JONES  
1070 FLAG HARBOR BLVD  
  
ST LEONARD MD 20685

Operator Certification Number: **11556**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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JOSEPH LETTS  
4011 JACINTH WAY  
  
NOTTINGHAM MD 21236

Operator Certification Number: **11605**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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RANDY GODLOVE  
8120 NECK ROAD  
  
WILLIAMSPORT MD 21795

Operator Certification Number: **11606**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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JACOB BJERKNES  
4585 OWENSVILLE SUDLEY RD  
  
HARWOOD MD 20776

Operator Certification Number: **11622**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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DAVID SCOTT  
280 V HILLTOP LANE  
  
ANNAPOLIS MD 21403

Operator Certification Number: **11623**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

RUDOLPH L WOODS  
4100 ROLLINS AVENUE  
  
BALTIMORE MD 21207

Operator Certification Number: **11624**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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BRIAN GREEN  
8608 E MARLBORO RD  
  
DELMAR MD 21875

Operator Certification Number: **11625**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

NOMPUMELELO DUBE  
2651 S EVERLY DRIVE  
  
FREDERICK MD 21701

Operator Certification Number: **11626**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5A	69

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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RUTLAND M JONES III  
1408 BRIARWOOD PLACE  
  
EVERN MD 21144

Operator Certification Number: **11627**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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PAUL A. DUMAS  
3514 PORTAL AVE

TEMPLE HILLS MD 20748

Operator Certification Number: **1168**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

PATRICK L HARVEY JR  
3 RAVENGLASS ROAD  
  
WALDORF MD 20602

Operator Certification Number: **12000**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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ROBERT RAWLINGS  
9509 DONNAN CASTLE CT  
  
LAUREL MD 20723

Operator Certification Number: **12001**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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TYLER PIPIK  
1046 BIRD HILL DRIVE  
  
WESTMINSTER MD 21157

Operator Certification Number: **12002**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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STEVE CARR  
210 CENTRAL ACE  
  
RIGDLEY MD 21660

Operator Certification Number: **12003**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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WILLIAM HALLETT  
225 NICHOLS MANOR DRIVE  
  
STEVENSVILLE MD 21666

Operator Certification Number: **12004**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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GARRETT I LONG IV  
237 OLD SCHOOL HOUSE RD  
  
FROSTBURG MD 21532

Operator Certification Number: **12005**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL**  
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*Please verify your information shown on this application and make any corrections as needed.*

JONATHAN GLENN JR  
702 HOMEWOOD DR  
  
POCOMOKE CITY MD 21851

Operator Certification Number: **12006**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5A	69

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
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FRANK DALE MONROE  
19058 STATE FORREST RD  
  
GEORGETOWN DE 19947

Operator Certification Number: **12008**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	1	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BRADLEY GETRIDGE  
5959 SHEPHERDSTOWN PIKE  
  
SHANOADAH JUNCT MD 25442

Operator Certification Number: **12009**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5A	69

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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EDWIN MONGE  
103 FIELDSTONE COURT  
  
FREDERICK MD 21702

Operator Certification Number: **12010**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5A	69

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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MATTTHEW DUNN  
12041 MAYFAIR AVENUE  
  
HAGERSTOWN MD 21742

Operator Certification Number: **12011**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

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requirements by the expiration date will  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

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(OVER)



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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

BRANDON WARD  
102 W EAST STREET  
  
DELMAR MD 21875

Operator Certification Number: **12012**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5A	69

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MEGAN HILLEGAS  
224 11TH AVENUE  
  
MYERESDALE PA 15552

Operator Certification Number: **12015**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BRANDON DILLON  
1020 STONE RD  
  
WESTMINSTER MD 21158

Operator Certification Number: **12017**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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GARY L CHALK  
24 E GEORGE STREET  
  
WESTMINSTER MD 21157

Operator Certification Number: **12018**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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DAVID BRIAN BARKER  
621 FERNHILL RD  
  
ORCORD BEACH MD 21226

Operator Certification Number: **12019**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	7	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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FRANCIS FIHAN  
1803 SAUNDERS WAY  
  
GLEN BURNIE MD 21061

Operator Certification Number: **12020**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

STEFAN MCPHERSON  
14109 SPRING BRANCH DRIVE  
  
UPPER MARLBORO MD 20772

Operator Certification Number: **12021**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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ERVIN BRIDDELL  
6485 FREEDOM DR  
  
GLEN BURNIE MD 21061

Operator Certification Number: **12022**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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JOJUAN GASQUE  
3731 W GARRISON AVE  
  
BALTIMORE MD 21215

Operator Certification Number: **12023**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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DUSTIN RICHARDS  
459 FORT ASHBY  
  
FORT ASHBY WV 26719

Operator Certification Number: **12024**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER TREATMENT	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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Date \_\_\_\_\_

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WILLIAM M DAVIS  
709 UNIVERSITY DRIVE  
  
WALDORF MD 20602

Operator Certification Number: **12025**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WATER TREATMENT	5RO	24
TEMPORARY	WASTEWATER TREATMENT	5A	69

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

MILTON MATTHEW LONG  
7024 HUNTER LN  
  
HYATTSVILLE MD 20782

Operator Certification Number: **12026**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

☐ ***I consent to receive my certificate(s) by email in lieu of mail.***

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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HAYWOOD 4TH ROBINSON  
13009 VAN BRADY RD  
  
UPPER MARLBORO MD 20772

Operator Certification Number: **12027**  
  
Certification(s) shown below will expire on: **4/1/2024**  
  
The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐  
I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MOHAMMED ALMAFRACHI  
5025 FILLMORE AVE  
APT 200  
ALEXANDRIA VA 22311

Operator Certification Number: **12028**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MATTHEW CORNELIA  
610 SHORE DRIVE  
  
JOPPA MD 21085

Operator Certification Number: **12042**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARC MCCLOUD  
9400 7TH STREET  
  
LAUREL MD 20723

Operator Certification Number: **12043**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	1	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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JASON FLORY  
1256 EMERSSON STREET NE  
  
WASHINGTON DC 20017

Operator Certification Number: **12059**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

ALPHONZA CHASE  
14645 GALLANT LANE  
  
WALDORF MD 20601

Operator Certification Number: **1217**  
  
Certification(s) shown below will expire on: **4/1/2024**  
  
The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐  
I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Date \_\_\_\_\_

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JOHN C. GANNON, JR.  
1211 JOHN BROWN RD  
  
QUEENSTOWN MD 21658

Operator Certification Number: **1239**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	5AS	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

CARLTON WHEELER  
8521 RAYMORT DRIVE  
  
NOTTINGHAM MD 21236

Operator Certification Number: **1404**  
  
Certification(s) shown below will expire on: **4/1/2024**  
  
The fee to renew these certifications: **\$50**  
  
**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐  
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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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JOSHUA GLIPTIS  
5173 DOWNWEST RIDE  
  
COLUMBIA MD 21044

Operator Certification Number: **1413**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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DALONTE M. HARRISON  
7200 JAYWICK AVE  
APT 824  
FORT WASHINGTON MD 20744

Operator Certification Number: **1440**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

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(OVER)



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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

BRANDON BENSON  
111862 RIDGE ROAD  
  
GREEN CASTLE PA 17225

Operator Certification Number: **1500**  
  
Certification(s) shown  
below will expire on: **4/1/2024**  
  
The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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GEOFFREY V. GALLION  
905 N. MAIN ST.  
  
MT AIRY MD 21771

Operator Certification Number: **1509**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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SCOTT LEE  
12956 HURON DR  
  
LUSBY MD 20657

Operator Certification Number: **1522**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

PHILIP FONTENELLE  
29 N FAWN DR  
  
NEWARK DE 19711

Operator Certification Number: **1687**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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JAMES J. KONDRACKI  
91 MOUNTAIN RD  
  
RISING SUN MD 21911

Operator Certification Number: **1760**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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DAVID WILSON  
8198 -R3 WATERFORD RD  
  
PADADENA MD 21122

Operator Certification Number: **1778**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
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(OVER)



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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

RODNEY C. KUHNS  
7686 SIMPSON RD  
  
GLEN ROCK PA 17327

Operator Certification Number: **1906**  
  
Certification(s) shown below will expire on: **4/1/2024**  
  
The fee to renew these certifications: **\$50**  
  
**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Date \_\_\_\_\_

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TOD E SCHENCK  
316 NOTTINGHAM RD #B  
ELKTON MD 21921

Operator Certification Number: **2138**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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JEDIDIAH BITANGO  
15 BLUE RIDGE AVE  
  
THURMONT MD 21788

Operator Certification Number: **2355**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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MARIO BENITEZ  
1712 GRUENTHER AVE.  
  
ROCKVILLE MD 20851

Operator Certification Number: **2361**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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Name and Certification Number of  
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LEE ROY GARRETT, JR.  
1340 LOG INN RAD  
  
ANNAPOLIS MD 21409

Operator Certification Number: **2428**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



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*Please verify your information shown on this application and make any corrections as needed.*

DEREK C. TALIAFERRO  
1629 HAVRE DE GRACE DR.  
  
EDGEWATER MD 21037

Operator Certification Number: **2429**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

☐ ***I consent to receive my certificate(s) by email in lieu of mail.***

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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ROBERT STULL  
7974 NOLCREST RD  
  
GLEN BURNIE MD 21061

Operator Certification Number: **2447**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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RYAN E. BAER  
13114 RITCHIE RD  
SMITHSBURG MD 21783

Operator Certification Number: **2456**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

KEVIN KAZMIERSKI  
101 JACKPINE DR  
  
PASADENA MD 21122

Operator Certification Number: **2534**  
  
Certification(s) shown  
below will expire on: **4/1/2024**  
  
The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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LESLIE L. GUESSFORD  
17425 LEXINGTON AVE  
  
HAGERSTOWN MD 21740

Operator Certification Number: **2734**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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*Please verify your information shown on this application and make any corrections as needed.*

DANIELLE PHELPS  
3870 BAYSIDE RD

CHESAPEAKE BCH MD 20732

Operator Certification Number: **2788**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

JOSEPH G. BARKER, JR.  
7744 SWAN LN  
  
OWINGS MD 20736

Operator Certification Number: **2955**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Date \_\_\_\_\_

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CHARLES A NARCROSS  
314 KINGSTON CIRCLE  
  
SYKESVILLE MD 21784

Operator Certification Number: **3028**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

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requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

**II. CURRENT EMPLOYMENT INFORMATION**

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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KYLE SHEPHERD  
23284 JENIFER COURT  
  
LEONARDTOWN MD 20650

Operator Certification Number: **3048**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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EVERETT H KENNEDY III  
2212 BARCLAY RD  
  
BARCLAY MD 21607

Operator Certification Number: **3118**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	5	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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*Please verify your information shown on this application and make any corrections as needed.*

JONATHAN D ELY  
1710 LANDMARK DRIVE  
APTA A  
FOREST HILL MD 21050

Operator Certification Number: **3204**  
Certification(s) shown below will expire on: **4/1/2024**  
The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WATER TREATMENT	3	7
SUPERINTENDENT	WATER TREATMENT	2	7
OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

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(OVER)



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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

JONATHON BRENDL  
206 SUNSET DRIVE  
  
GLEN BURNIE MD 21060

Operator Certification Number: **3554**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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RUSSELL F FADER  
530 W POTOMAC ST  
  
BRUNSWICK MD 21716

Operator Certification Number: **3573**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

WAYNE BUTLER  
14625 ROTHGEB DRIVE  
  
ROCKVILLE MD 20850

Operator Certification Number: **3696**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

BRADLEY W. UTTERBACK  
3731- B POINT OF ROCKS RD  
  
JEFFERSON MD 21755

Operator Certification Number: **3699**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

ALLEN L HERMANN, JR.  
10 WHITE SAIL CIR  
  
BERLIN MD 21811

Operator Certification Number: **3730**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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RICHARD FOARD  
2625 PUTNAM RD  
  
FOREST HILL MD 21050

Operator Certification Number: **3921**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	G	7

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Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

GREG SOMMER  
25921 WOODFIELD RD  
  
DAMASCUS MD 20872

Operator Certification Number: **4069**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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LINDSEY BAKER  
12617 SEAVOLT RD  
  
HANCOCK MD 21750

Operator Certification Number: **4073**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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SADE DUNNOCK  
1613 LOCHWOOD RD  
  
BALTIMORE MD 21218

Operator Certification Number: **4226**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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ANDREW MCGUIGAN  
365 RESERVIOR RD  
  
PERRYVILLE MD 21903

Operator Certification Number: **4236**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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RAYFORD F MCEACHERN, JR.  
7520 FAIRWIND DR  
  
BALTIMORE MD 21244

Operator Certification Number: **4457**  
  
Certification(s) shown below will expire on: **4/1/2024**  
  
The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
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(OVER)



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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

JOHN JOSEPH THOMPSON III  
23213 COLTON POINT RD  
  
AVENUE MD 20609

Operator Certification Number: **4750**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MAURICE E. SCOTT, JR.  
107 10TH AVENUE  
  
BROOKLYN PARK MD 21225

Operator Certification Number: **5031**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

LOUIS C. PROCTOR, JR.  
4290 KAYAK DR  
  
BRANDYWINE MD 20613

Operator Certification Number: **5150**  
  
Certification(s) shown below will expire on: **4/1/2024**  
  
The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐  
I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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RODNEY RICHARDSON, SR.  
15 N. CURLEY STREET  
  
BALTIMORE MD 21224

Operator Certification Number: **5156**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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KARL E. WAREHIME  
1107 STONE RD

WESTMINSTER MD 21158

Operator Certification Number: **5368**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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ROBERT F HUTSON  
4828 HYDES RD  
  
HYDES MD 21082

Operator Certification Number: **6263**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

DAVID M DEMILIO  
1798 LIBERTY GROVE RD  
  
COLORA MD 21917

Operator Certification Number: **6400**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
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Date \_\_\_\_\_

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MIKEL R ZECHMAN  
1507 OLD MANCHESTER RD  
  
WESTMINSTER MD 21157

Operator Certification Number: **6615**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

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requirements by the expiration date will  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER DISTRIBUTION	1	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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RICKEY R BELL  
2724 BERYL AVENUE  
  
BALTIMORE MD 21205

Operator Certification Number: **6862**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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DAVID L. HUTCHINSON  
38472 ARLINGTON DR  
  
MECHANICSVILLE MD 20659

Operator Certification Number: **6874**  
  
Certification(s) shown below will expire on: **4/1/2024**  
  
The fee to renew these certifications: **\$50**  
  
**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐  
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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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TROY E. QUEEN  
15505 PARK HALL CT  
  
LAUREL MD 20707

Operator Certification Number: **6878**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
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(OVER)



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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

CHRISTOPHER T. KROEN  
82 BERKSHIRE RD  
ESSEX MD 21221

Operator Certification Number: **7261**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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GEORGE O. HANSON  
P.O. BOX 476  
  
LUSBY MD 20657

Operator Certification Number: **7346**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	5	16
SUPERINTENDENT	WATER TREATMENT	2	7
SUPERINTENDENT	WATER TREATMENT	1	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BRIAN WAYNE COE  
1118 FRENCHTOWN RD  
  
PERRYVILLE MD 21903

Operator Certification Number: **7555**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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DIANE L BAUER  
51 FAIRVIEW ROAD  
  
ELKTON MD 21921

Operator Certification Number: **7742**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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DANIEL R. SHIELDS  
105 WINDWARD CT

STEVENSVILLE MD 21666

Operator Certification Number: **7891**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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*Please verify your information shown on this application and make any corrections as needed.*

AARON D. MILES  
215 FALLEN HORSE CIRCLE  
APARTMENT 103  
QUEENSTOWN MD 21658

Operator Certification Number: **8582**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL**  
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THEODORE R. GEPPERT  
10983-E GUILFORD RD  
  
ANNAPOLIS JUNCT MD 20701

Operator Certification Number: **8892**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	3	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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JOHN E. TURNER  
3400 EVANS RD

HUNTINGTOWN MD 20639

Operator Certification Number: **9075**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
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described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WATER TREATMENT	1	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

STEVEN R. SACCONI, JR.  
11118 KATIE LN  
  
WAYNESBORO PA 17268

Operator Certification Number: **9333**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
TEMPORARY	WATER TREATMENT	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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GREGG FREDERICK BATES  
1028 ALEXANDRIA WAY  
  
BEL AIR MD 21014

Operator Certification Number: **9594**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT	WATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



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Date \_\_\_\_\_

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HAHNS S. HAIRSTON  
5943 CHARLES ST  
  
BALTIMORE MD 21207

Operator Certification Number: **9775**  
  
Certification(s) shown below will expire on: **4/1/2024**  
  
The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT	WATER TREATMENT	4	7

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(OVER)



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**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***





**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

This notice is provided pursuant to State Government Article, §10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and is subject to the Maryland Public Information Act. This form may be available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

*Please verify your information shown on this application and make any corrections as needed.*

MATTHEW CARR  
1195 BRADSHAW ROAD  
  
WARFORDSBURG PA 17267

Operator Certification Number: **9944**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$100**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT	WATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

**VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

☐ ***I consent to receive my certificate(s) by email in lieu of mail.***

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BRANDON J. GREENE, SR.  
926 HARWOOD RD  
  
HAGERSTOWN MD 21740

Operator Certification Number: **9971**

Certification(s) shown  
below will expire on: **4/1/2024**

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

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(OVER)



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Date \_\_\_\_\_

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