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.

This is page one of a two page form. Both pages must be completed and returned. Operator Certification Number: 0037

MATTHEW MASSETT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 0037

Certification(s) shown below will expire on: 6/1/2022

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.

This is page one of a two page form. Both pages must be completed and returned.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
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<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
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<td>16</td>
</tr>
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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): ________
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.

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• 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.

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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

Last 4 digits of Social Security Number

Email Address

Date

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

MDE/WMA/OPER (Revised 05/10/2021)  TTY Users 1-800-735-2258

wwso.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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JANAKI JOHNSON

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**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)
III. CONTINUING EDUCATION:

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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 ____________________________

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

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CATHERINE BOSTON

Operator Certification Number: 0122

Certification(s) shown below will expire on: 6/1/2022

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.

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

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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  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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SYLVESTER ANGELO DALE
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $100

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Required Class</th>
<th>Training Units Required</th>
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<tr>
<td>SUPERINTENDENT</td>
<td>WATER DISTRIBUTION</td>
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<td>7</td>
<td></td>
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<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>7</td>
<td></td>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

Number of Facilities (or Plants) that you currently operate: ____________________________

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PDWIS (Water) ____________________________ NPDES (Wastewater) ____________________________
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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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GEORGE WARRING, III

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(OVER)
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ANDREW P. WEYANT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR WATER TREATMENT

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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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: ___________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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WILLIAM V MARTIN, III

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
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<td>24</td>
</tr>
</tbody>
</table>

Operator Certification Number: 0409
Certification(s) shown below will expire on: 6/1/2022
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.

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]
III. CONTINUING EDUCATION:

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

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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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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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[ ] I consent to receive my certificate(s) by email in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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HARVEY CHERRY

Operator Certification Number: 0410
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $100

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

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]

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwsd.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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.
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- 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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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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JAMES M. FALKENHAN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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

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

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

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 0415
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

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

(Over)
III. CONTINUING EDUCATION:

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

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V. LATE FEES AND REINSTATEMENT

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

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STEVEN GRAVENOR

Operator Certification Number: 0489

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

Certification Type Category 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)
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Applicant’s Signature __________________________ Date __________________________

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This is page one of a two page form. Both pages must be completed and returned. Operator Certification Number: 0652

MACKAY C. KIRKLEY II
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:
Certification Type Category 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
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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)
III. CONTINUING EDUCATION:

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VIDA NEWMAN

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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</thead>
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<tr>
<td>OPERATOR</td>
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Employer's Name: ____________________________________________ Phone #: __________________________

Number of Facilities (or Plants) that you currently operate: ________

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Facility / Plant Name: ____________________________ Class: ________

PDWIS (Water): ________ NPDES (Wastewater): ________

(OVER)
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Applicant's Signature __________________________ Date __________________________

Last 4 digits of Social Security Number _______ Email Address __________________________

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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JOHN KASPRZAK

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APPLICATION FOR CERTIFICATION RENEWAL
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Last 4 digits of Social Security Number

Email Address

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Operator Certification Number: 0823

CHARLES D. LEWIS

Certification(s) shown below will expire on: 6/1/2022

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.

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<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
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<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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<td>16</td>
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[OVER]
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GEORGE A. GIBSON

Operator Certification Number: 0837
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $100

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<td>WASTEWATER COLLECTION</td>
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<td>7</td>
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(OVER)
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JAMES BERRY

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The fee to renew these certifications:

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JESUS CASTRO

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Applicant's Signature ________________________________ Date ________________________________

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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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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
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DAVID EARL WATSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
</tbody>
</table>

The fee to renew these certifications: $50

Certification(s) shown below will expire on: 6/1/2022

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

II. CURRENT EMPLOYMENT INFORMATION

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Number of Facilities (or Plants) that you currently operate: ____________________________

I am employed by the Facility owner ____________

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<tr>
<th>Class</th>
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JARED M BELKA

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</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>2</td>
<td>24</td>
</tr>
</tbody>
</table>

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Employer's Name: _____________________________ Phone #: _____________________________

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(OVER)
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DONNIE GENE JOHNSON

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
</tr>
</tbody>
</table>

Operator Certification Number: 10361
Certification(s) shown below will expire on: 6/1/2022
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.

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Employer's Name: ____________________________ Phone #: ____________________________

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PDWIS (Water) NPDES (Wastewater) ________

(OVER)
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ROBERT KRAFT

Operator Certification Number: 10862
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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Number of Facilities (or Plants) that you currently operate: ___________________________
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CHARLES AMBROSE

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<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

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

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MATTHEW WALTERS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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(OVER)
III. CONTINUING EDUCATION:

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

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Applicant's Signature ________________________________ Date ________________________________

Last 4 digits of Social Security Number ____________ Email Address ________________________________

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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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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AGRIMA POUDEL

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I. CERTIFICATES TO RENEW:
Certification Type | Category
TEMPORARY | INDUSTRIAL WASTEWATER

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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HARVEY JUSTICE

Certification(s) shown below will expire on:

6/1/2022

The fee to renew these certifications:

$100

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<td>WATER TREATMENT</td>
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<td>45</td>
</tr>
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Applicant's Signature __________________________ Date __________________________

Last 4 digits of Social Security Number __________________________________________ Email Address __________________________________________

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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KIRYL  KIPE

Operator Certification Number: 10931

Certification(s) shown below will expire on: 6/1/2022

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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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</tr>
</thead>
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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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JAMES W WILSON

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KEITH BRADLEY WARNER

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Applicant's Signature __________________________ Date __________________________

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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This is page one of a two page form. Both pages must be completed and returned.

GEORGE FLOWERS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
</tr>
</tbody>
</table>

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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.

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<tr>
<th>Facility / Plant Name</th>
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(OVER)
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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RYAN L SHOWELL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

Operator Certification Number: 10935

Certification(s) shown below will expire on: 6/1/2022

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.

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>24</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Number of Facilities (or Plants) that you currently operate: __________

I am employed by the Facility owner [ ]

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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)
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 ________________

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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NICHOLAS GARCIA

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $50

Operator Certification Number: 10936

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>6</td>
<td>24</td>
</tr>
</tbody>
</table>

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)

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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GEORGE  Caine

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</tr>
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<td>INDUSTRIAL WASTEWATER</td>
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---

(Continued on next page)
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned. Operator Certification Number: 10939
RONALD J SOSSONG, JR
Certification(s) shown below will expire on: 6/1/2022
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
TEMPORARY WATER TREATMENT

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.

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[OVER]
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BRITNEY WHITTLE

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $50

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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(OVER)
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Operator Certification Number: 10943
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50
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(OVER)
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Applicant's Signature ___________________________ Date ________________

Last 4 digits of Social Security Number _______ Email Address ______________

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FRANK NICK

Operator Certification Number: 10945

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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<tr>
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<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>45</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

Number of Facilities (or Plants) that you currently operate: _____

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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 ___________________________

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AUSTIN PAJDA

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

SUPERINTENDENT

INDUSTRIAL WASTEWATER

Training Units

Required

Class

2

0

I. CERTIFICATES TO RENEW:

Certification Type

Category

Training Units Required

Operator Certification Number: 11440

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $50

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Employer's Name: ________________________________ Phone #: ________________________________

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Facility / Plant Name

Class

PDWIS (Water) NPDES (Wastewater)

(OVER)
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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>5</td>
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<tr>
<td>OPERATOR</td>
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<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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</tr>
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<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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[OVER]
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ROBERT K. MCMILLAN

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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
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<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
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Phone #:

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[OVER]

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- 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 ______________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

I consent to receive my certificate(s) by emial in lieu of mail
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.

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STEVEN ADAMS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 1344
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>5RO</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Number of Facilities (or Plants) that you currently operate: __________________________________________
I am employed by the Facility owner □ I provide contractual services to the Facility □
I am currently not operating any 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)
III. CONTINUING EDUCATION:

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  - Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature __________________________ Date ______________

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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MARINA METTER

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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<thead>
<tr>
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<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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)
III. CONTINUING EDUCATION:

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Applicant's Signature __________________________ Date ______________________

Last 4 digits of Social Security Number ________ Email Address __________________________

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MICHAEL E. ARMSTRONG

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

Number of Facilities (or Plants) that you currently operate:

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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CHRISTIN L. YIANNAKIS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

________________________
Operator Certification Number: 1467

Certification(s) shown below will expire on: 6/1/2022
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.

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I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
</tbody>
</table>

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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Name and Certification Number of Operator in Responsible Charge: ________________________________

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STEPHEN  DAVIS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

Certification Type Category
TEMPORARY WATER TREATMENT

Operator Certification Number: 1510
Certification(s) shown below will expire on: 6/1/2022
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.

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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WILLIAM BOWEN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>5AS</td>
<td>16</td>
</tr>
</tbody>
</table>

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]
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 must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge: ____________________________

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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 ____________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

I consent to receive my certificate(s) by email in lieu of mail
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CURTIS J. FOSKEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 1594
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
</tbody>
</table>

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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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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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx

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CLAYTON R. STEWART

Certification(s) shown below will expire on:

6/1/2022

The fee to renew these certifications:

$50

Operator Certification Number: 1622

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ______ Phone #: ______

Number of Facilities (or Plants) that you currently operate: ______

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Facility / Plant Name: ______ Class: ______ PDWIS (Water): ______ NPDES (Wastewater): ______
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Applicant's Signature __________________________ Date __________________________

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MARSHALL H PHILLIPS

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</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>7</td>
</tr>
<tr>
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<td>WASTEWATER TREATMENT</td>
<td>S</td>
<td>y</td>
</tr>
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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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<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
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</tr>
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</table>

[OVER]
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Applicant's Signature ____________________________ Date ____________________________

Last 4 digits of Social Security Number __________ Email Address ____________________________

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MARTIN L. WILSON

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<table>
<thead>
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<th>Certification Type</th>
<th>Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

---

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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STEVEN D. COOPER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

Certification Type | Category | Operator Certification Number: | Class | Training Units Required
------------------|----------|-------------------------------|-------|------------------------
OPERATOR          | WATER DISTRIBUTION                  | 1723  | 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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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.
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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 ________________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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.

This is page one of a two page form. Both pages must be completed and returned.

MOLLIE P FAULKNER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 2060
Certification(s) shown below will expire on: 6/1/2022
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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
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<td>16</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
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<td>SUPERINTENDENT</td>
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<td>7</td>
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<td>WASTEWATER TREATMENT</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>5AS</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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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)
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.
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- 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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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

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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I consent to receive my certificate(s) by email in lieu of mail
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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KENNETH LEE SMITH

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<td>7</td>
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<tr>
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<td>WATER TREATMENT</td>
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<td>7</td>
</tr>
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II. CURRENT EMPLOYMENT INFORMATION

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 [ ]

Facility / Plant Name

Class

PDWIS (Water) NPDES (Wastewater)

(over)
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

Last 4 digits of Social Security Number

Email Address

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MDE/WMA/OPER (Revised 05/10/2021)
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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SEAN L WINN

Please enter your current address in the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

Certification Type    Category
OPERATOR    INDUSTRIAL WASTEWATER

Operator Certification Number: 2228
Certification(s) shown below will expire on: 6/1/2022
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.

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) Training Units Required 6 16

OVER)
III. CONTINUING EDUCATION:

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

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Applicant's Signature ___________________________ Date ___________________________

Last 4 digits of Social Security Number _________ Email Address ___________________________

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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AARON M. HARDMAN

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>7</td>
<td>24</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
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<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
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</table>

(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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Operator Certification Number: 2316
Certification(s) shown below will expire on: 6/1/2022
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.

ROBERT LOMBARDI

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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

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JAMES FAULKNER
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:
Certification Type Category Class Training Units Required
TEMPORARY WATER TREATMENT 1 24
TEMPORARY WATER TREATMENT 5 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
Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

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

[OVER]
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.
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- 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.
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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.
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Last 4 digits of Social Security Number __________ Email Address ___________________________

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MICHAEL C. VONVILLE

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

______________

I. CERTIFICATES TO RENEW:

Certification Type   Category
TEMPORARY   WATER TREATMENT

Operator Certification Number: 2567
Certification(s) shown below will expire on: 6/1/2022
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.

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I. CERTIFICATES TO RENEW:

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TEMPORARY   WATER TREATMENT

Operator Certification Number: 2567
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

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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 provide contractual services to the Facility ☐

I am currently not operating any 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) ☐

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OVER}
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Last 4 digits of Social Security Number __________ Email Address __________________________

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LACEY D. RAINEY, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

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)
III. CONTINUING EDUCATION:

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DANIEL J. QUINN IV

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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>5</td>
<td>45</td>
</tr>
</tbody>
</table>

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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THOMAS R. BROWN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:
Certification Type       Category
TEMPORARY              WATER TREATMENT

Operator Certification Number: 2719
Certification(s) shown below will expire on: 6/1/2022
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.

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.

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(OVER)
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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This is page one of a two page form. Both pages must be completed and returned.

PHILLIP C. BRADSHAW

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>24</td>
</tr>
</tbody>
</table>

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]
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.

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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.
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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 ____________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MATTHEW ORNDORFF

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 2745
Certification(s) shown below will expire on: 6/1/2022
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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
</tbody>
</table>

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)
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.
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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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- 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 ___________________________

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DARIN JOHNSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

| Operator Certification Number: | 2747 |
| Certification(s) shown below will expire on: | 6/1/2022 |
| The fee to renew these certifications: | $50 |

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5A</td>
<td>69</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
</thead>
</table>

(OVER)
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.
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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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VII. APPLICANT'S STATEMENT

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Applicant's Signature ________________________________ Date ________________________________

Last 4 digits of Social Security Number ___________ Email Address ________________________________

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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Operator Certification Number: 2765
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

ORINSK WRIGHT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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)
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 ___________________________

Last 4 digits of Social Security Number ___________ Email Address ___________________________

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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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DARRELL BETHEA

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
</tr>
</tbody>
</table>

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Number of Facilities (or Plants) that you currently operate: __________

I am employed by the Facility owner __________

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Facility / Plant Name

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Name and Certification Number of Operator in Responsible Charge:

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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.

I hereby affix my signature and social security number.

Applicant's Signature

Last 4 digits of Social Security Number

Date

Email Address

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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wwso.board@maryland.gov

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

This is page one of a two page form. Both pages must be completed and returned. Operator Certification Number: 2770

DANA COLEMAN  
Certification(s) shown below will expire on: 6/1/2022  
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.

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 2770  
Certification(s) shown below will expire on: 6/1/2022  
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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
</tr>
</tbody>
</table>

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  
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NPDES (Wastewater)

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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ALPHONSO MARTIN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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<td>WASTEWATER TREATMENT</td>
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<td>24</td>
</tr>
<tr>
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<td>45</td>
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DAQUANE SKIPWITH

 Operator Certification Number: 2780
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

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<table>
<thead>
<tr>
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<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
</tr>
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DANIELLE PHELPS
Operator Certification Number: 2788
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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<tr>
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THOMAS B. BAKER

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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
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JOHN E. RENARD

Certification(s) shown below will expire on: 6/1/2022
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<th>Certification Type</th>
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<th>Class</th>
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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
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</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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ZACHARY T. SLOANE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
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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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<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
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<td>0</td>
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Number of Facilities (or Plants) that you currently operate: ____________________________

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

(OVER)
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KIM K. DILLARD

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<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

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Employer's Name: __________________________ Phone #: __________________________

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<tbody>
<tr>
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TARA FIERY

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
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(OVER)
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RICHARD C. TWIGG

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I. CERTIFICATES TO RENEW:
Certification Type Category Training Units Required
TEMPORARY WASTEWATER TREATMENT 24

II. CURRENT EMPLOYMENT INFORMATION
Employer's Name: Phone #:

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

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JEROME N. LUCKY, JR.

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
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<tbody>
<tr>
<td>OPERATOR</td>
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<td>6</td>
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<td>OPERATOR</td>
<td>WATER TREATMENT</td>
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<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
</tbody>
</table>

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]
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.
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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SCOTT  WALTERS

Operator Certification Number: 3300
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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<tbody>
<tr>
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<td>WASTEWATER COLLECTION</td>
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<td>24</td>
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(OVER)
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CHRIS MLINARIC

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<td>WASTEWATER TREATMENT</td>
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<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
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Facility / Plant Name

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<th>NPDES (Wastewater)</th>
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<tbody>
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KEITH T MERRILL

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<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Operator Certification Number</th>
<th>Class</th>
<th>Training Units Required</th>
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</thead>
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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>3670</td>
<td>3</td>
<td>45</td>
</tr>
</tbody>
</table>

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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ALLEN L HERMANN, JR.

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DESALES A MASON JR

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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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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DELBERT A. GREEN

Operator Certification Number: 3779
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $100

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
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<td>WASTEWATER TREATMENT</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
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</tr>
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Employer's Name: ________________________________ Phone #: ________________________________

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NPDES (Wastewater) __________

(OVER)
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PAUL W. HALL

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<tr>
<td>TEMPORARY</td>
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<td>6</td>
<td>24</td>
</tr>
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Facility / Plant Name ___________________________ Class ___________________________

PDWIS (Water) ___________________________ NPDES (Wastewater) ___________________________

(OVER)
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ALAN P AMOS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 3825

Certification(s) shown below will expire on: 6/1/2022

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.

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<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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MELVIN A. BROOKS, JR.

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<td>TEMPORARY</td>
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</tr>
<tr>
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<td>WATER TREATMENT</td>
<td>1</td>
<td>24</td>
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
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MICHAEL R. JORGENSEN, JR.

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<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
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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.
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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 ______________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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JEROME DARYL THOMAS
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:
Certification Type Category
TEMPORARY WASTEWATER COLLECTION

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)
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.
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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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MDE/WMA/OPER (Revised 05/10/2021)   TTY Users 1-800-735-2258   wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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CAITLIN  MCCLANATHAN

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__________________________

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>7</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

Number of Facilities (or Plants) that you currently operate: ____________________________

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 addtional pages as needed.

Facility / Plant Name ____________________________ Class ____________________________

PDWIS (Water) ____________________________ NPDES (Wastewater) ____________________________

__________________________

I am employed by the Facility owner [ ]

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

Operator Certification Number: 4668

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $50

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

SUPERINTENDENT WASTEWATER TREATMENT

5

SUPERINTENDENT WASTEWATER TREATMENT

A

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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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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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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[ ] I consent to receive my certificate(s) by email in lieu of mail
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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CHRISTOPHER P MCAFEE

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I. CERTIFICATES TO RENEW:

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
</tr>
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</table>

| Certification(s) shown below will expire on: | 6/1/2022 |
| 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.

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.

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<tr>
<th>Facility / Plant Name</th>
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(OVER)
III. CONTINUING EDUCATION:

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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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ROBERT E MUNDAY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR WASTEWATER TREATMENT

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 [ ]

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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]
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DAVID L. PHIPPS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

Certification Type       Category
TEMPORARY               WATER TREATMENT

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

Number of Facilities (or Plants) that you currently operate: ___________________________

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The fee to renew these certifications: $50

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Certification(s) shown below will expire on: 6/1/2022

Operator Certification Number: 5323

MDE/WMA/OPER (Revised 05/10/2021)    TTY Users 1-800-735-2258    wwso.board@maryland.gov

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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 __________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

This is page one of a two page form. Both pages must be completed and returned.

THOMAS  LOWE, JR.

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 5336
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:
Certification Type Category
OPERATOR WASTEWATER TREATMENT

Training Units Required
Class 5 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)
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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• 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.
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Applicant's Signature ____________________________ Date ____________________________

Last 4 digits of Social Security Number ___________ Email Address ____________________________

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STEVEN A MYERS
Certification(s) shown below will expire on:
6/1/2022
The fee to renew these certifications:
$50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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.

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<tr>
<th>Facility / Plant Name</th>
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<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
</thead>
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III. 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.
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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 T. GOFF

Operator Certification Number: 5665
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

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)
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 ___________________________
Last 4 digits of Social Security Number __________ Email Address ___________________________

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CHARLES N WELLS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

OPERATOR
WATER TREATMENT

I. CERTIFICATES TO RENEW:

Certification Type | Category | Training Units Required
--- | --- | ---
OPERATOR | WATER TREATMENT | 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)
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

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TERRY L WRAY

Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>7</td>
</tr>
</tbody>
</table>

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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JAMES B NAPORA

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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]
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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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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 __________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

I consent to receive my certificate(s) by email in lieu of mail
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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STEPHEN J. SHADRACH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 7150
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:
Certification Type Category
OPERATOR WATER TREATMENT

<table>
<thead>
<tr>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>30</td>
</tr>
</tbody>
</table>

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 provide contractual services to the Facility [ ]
I am currently not operating any 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)
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 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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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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HAROLD JOHNSON
Certification(s) shown below will expire on:
6/1/2022
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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ________________ Phone #: ________________

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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): ____________________

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.
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 ____________________________

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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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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VINCENT PAUL MCKENZIE

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

I. CERTIFICATES TO RENEW:

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

Operator Certification Number: 7802
Certification(s) shown below will expire on: 6/1/2022
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.

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)
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.
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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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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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DANIEL J. QUINN, III

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 7908
Certification(s) shown below will expire on: 6/1/2022
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.

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I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>45</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
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<tbody>
<tr>
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<td></td>
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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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CATHY ANN WACHTER

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I. CERTIFICATES TO RENEW:

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
</tbody>
</table>

Operator Certification Number: 8064

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $50

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

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MARTY WINDSOR

Certification(s) shown below will expire on: 6/1/2022

The fee to renew these certifications: $100

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
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</table>

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Employer's Name: ___________________________ Phone #: ___________________________

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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)
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JAMES P. CRILLEY

Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

Operator Certification Number: 8699

I. CERTIFICATES TO RENEW:
Certification Type Category
OPERATOR WATER TREATMENT

Class Training Units Required
2 16

II. CURRENT EMPLOYMENT INFORMATION
Employer's Name: _______________________________ Phone #: _______________________________
Number of Facilities (or Plants) that you currently operate: _______________________________
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Facility / Plant Name _______________________________ Class _______________________________
PDWIS (Water) NPDES (Wastewater) _______________________________

(OVER)
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TAMMY L. TURNER

Operator Certification Number: 8746
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

---

I. CERTIFICATES TO RENEW:

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<thead>
<tr>
<th>Certification Type</th>
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<th>Class</th>
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</tr>
</thead>
<tbody>
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<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
</tbody>
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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.

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(OVER)
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KEVIN I. MILLER

Certification(s) shown below will expire on:

Operator Certification Number:

The fee to renew these certifications:

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

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<table>
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<tr>
<th>Certification Type</th>
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<tbody>
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<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
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<td>30</td>
</tr>
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Number of Facilities (or Plants) that you currently operate: __________

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(OVER)
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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MICHAEL DAVID LAWHORN, SR.

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>7</td>
</tr>
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JOSEPH HANNA

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<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

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Number of Facilities (or Plants) that you currently operate: _____

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<tr>
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<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
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Name and Certification Number of
Operator in Responsible Charge: ____________________________

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MARK CHRISTOPHE CRIMI

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<tr>
<th>Certification Type</th>
<th>Category</th>
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<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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]
III. CONTINUING EDUCATION:

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Last 4 digits of Social Security Number ___________________________ Email Address ___________________________

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
</tbody>
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[OVER]
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JORDAN HACKENSMITH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: 9758

Certification(s) shown below will expire on: 6/1/2022

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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
</tbody>
</table>

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Employer's Name: 
Phone #:

Number of Facilities (or Plants) that you currently operate: 
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SCOTT A. DELUDE

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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>5AS</td>
<td>16</td>
</tr>
</tbody>
</table>

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Employer's Name:                                       Phone #:

Number of Facilities (or Plants) that you currently operate:  

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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FRANK ALLEN THOMPSON

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<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Required Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov

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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.
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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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- 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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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.

This is page one of a two page form. Both pages must be completed and returned.

DAVID R. KING

Operator Certification Number: 9977
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
</tbody>
</table>

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 provide contractual services to the Facility ________

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

<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
</thead>
</table>

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

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 once 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.
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Applicant's Signature ___________________________ Date ___________________________

Last 4 digits of Social Security Number ________ Email Address ___________________________

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RICHARD B. PADGETTE

Operator Certification Number: 9991
Certification(s) shown below will expire on: 6/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

Certification Type | Category
--- | ---
OPERATOR | WATER TREATMENT

Training Units Required
Class | 3
--- | ---

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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Applicant's Signature __________________________ Date __________________________

Last 4 digits of Social Security Number ____________ Email Address __________________________

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ROBERT ROSENBERG

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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</tr>
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<tbody>
<tr>
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<td>WATER TREATMENT</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>OPERATOR</td>
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