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

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JOHN R. GRAHAM

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

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)

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.

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

(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.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- 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.

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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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief.
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number __________ Email Address ___________________________

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

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DEVIN BOYD

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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>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.

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Name and Certification Number of
Operator in Responsible Charge: ________________________________

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________ Email Address ___________

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JOSEPH J. MOXEY

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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>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>6</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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Last 4 digits of Social Security Number ___________ Email Address _______________________

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MICHAEL MCCAULEY

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 | Training Units Required
--- | --- | ---
OPERATOR | WASTEWATER COLLECTION | 2

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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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

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STEPHEN E. SHELLEY

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 Training Units Required
OPERATOR WATER TREATMENT 2 16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 
Phone #: 

Number of Facilities (or Plants) that you currently operate: 
I am employed by the Facility owner 
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(OVER)
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ROBERT WAYNE DORMAN

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I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Operator Certification Number: 0632</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The fee to renew these certifications: $50

Certification(s) shown below will expire on: 7/1/2022

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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 

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Facility / Plant Name 

Class  PDWIS (Water)  NPDES (Wastewater)

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[OVER]
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Applicant's Signature: ___________________________ Date: ___________________________

Last 4 digits of Social Security Number: ___________ Email Address: ____________________

Make checks payable: 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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwwso.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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GEORGE C. OSBORNE

Operator Certification Number: 0732
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Required 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) ____________________________

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

[OVER]
III. CONTINUING EDUCATION:

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

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- Operators In Training must work under the direction of an Operator in Responsible Charge.
  
  Name and Certification Number of Operator in Responsible Charge:

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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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Operator Certification Number: 0879
Certification(s) shown below will expire on: 7/1/2022
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.

EDWIN SCOTT, 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:

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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>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 provide contractual services to the Facility [ ]
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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: ____________________________

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Applicant's Signature: ____________________________ Date ______________

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Operator Certification Number: 0880
Certification(s) shown below will expire on: 7/1/2022
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 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.

<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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(OVER)
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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TROY SARGEANT

Operator Certification Number: 0882
Certification(s) shown below will expire on: 7/1/2022
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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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 DISTRIBUTION

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)

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

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number _________ Email Address ______________________

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STEVEN C. KOETHE

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

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

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

LEROY BRIGHT

Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $100

I. CERTIFICATES TO RENEW:

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<tr>
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<tbody>
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<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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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.
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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- 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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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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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<tr>
<td>SUPERINTENDENT</td>
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<td>6</td>
<td></td>
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<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

Operator Certification Number: 0956
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $100

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 [ ]
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]
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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 wwwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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MICHAEL G MASUCCI

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: 10023
Certification(s) shown below will expire on: 7/1/2022
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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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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Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number __________ Email Address ___________________________

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JEREMY BESNOSKA

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wws0.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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ANDREW T PARKER

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[OVER]
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BRADLEY FLOWER

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: 10786
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

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Employer's Name: Phone #:

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(OVER)
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Name and Certification Number of Operator in Responsible Charge:

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

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

Training Units Required
Class 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

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

(Over)
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Operator Certification Number: 10946
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $100

II. CURRENT EMPLOYMENT INFORMATION

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I am employed by the Facility owner [ ]
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PDWIS (Water) ____________________________ NPDES (Wastewater) ____________________________

(OVER)
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WALTER SAAVEDRA

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**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 [ ]

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ZETH KING
Operator Certification Number: 10948
Certification(s) shown below will expire on: 7/1/2022
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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PDWIS (Water): ___________________________ NPDES (Wastewater): ___________________________

[OVER]
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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 wwo.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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ZACHARY CLARK

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>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></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.

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING
- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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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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JOSHUA BALDWIN

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<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<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 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) ________
III. CONTINUING EDUCATION:

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V. LATE FEES AND REINSTATEMENT

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ALEXANDER CASTLE-SMITH

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 TREATMENT

Operator Certification Number: 10953
Certification(s) shown below will expire on: 7/1/2022
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 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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JEROME BURY
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:
Operator Certification Number: 10954
Certification Type Category Training Units Required
TEMPORARY WATER DISTRIBUTION 1 24

II. CURRENT EMPLOYMENT INFORMATION
Number of Facilities (or Plants) that you currently operate: __________

Phone #: __________

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.

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

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TEMPORARY WATER DISTRIBUTION

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Name and Certification Number of Operator in Responsible Charge:

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WILLIAM CHRISTOPHE BLAIR

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I. CERTIFICATES TO RENEW:

Certification Type Category
TEMPORARY WASTEWATER COLLECTION

II. CURRENT EMPLOYMENT INFORMATION

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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ROBERT LITTLE

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 DISTRIBUTION

Operator Certification Number: 10956
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

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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 provide contractual services to the Facility ♠

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

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(OVER)
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</tr>
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Operator in Responsible Charge:

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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 wwwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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CAITLYN DEARBORN

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<thead>
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<td>TEMPORARY</td>
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<td>0</td>
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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>4</td>
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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)
III. CONTINUING EDUCATION:

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JOHN LEACH

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

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

... (OVER)
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JORDAN GREENWOOD

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)

I certify that the information on this application is true and correct. I hereby apply for renewal of my certification(s).

Signature
JORDAN GREENWOOD

Date

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

The fee to renew these certifications: $50

Certification(s) shown below will expire on: 7/1/2022

Operator Certification Number: 10964

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<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
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(OVER)
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DREW B STONE

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

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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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.

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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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(OVER)
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Employer's Name: ____________________________ Phone #: ____________________________

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

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(OVER)
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NICK PAPAROUNIS

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NATHAN STREETT

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Operator Certification Number: 10972
Certification(s) shown below will expire on: 7/1/2022
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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CHRISTIAN A CONAWAY

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

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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 wwwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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JEFFREY D MARKLEY

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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 

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RICHARD W CASTILLO

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Operator Certification Number: 10979
Phone #: Certification(s) shown below will expire on: 7/1/2022

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.

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)

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ZACHARY SCHLEY  
Operator Certification Number: 10980  
Certification(s) shown below will expire on: 7/1/2022  
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwws.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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CHRISTOPHER M WOLFE
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $100
Operator Certification Number: 10981

I. CERTIFICATES TO RENEW:

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I am employed by the Facility owner [ ] I provide contractual services to the Facility [ ]

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[OVER]
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(OVER)
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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
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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ERNEST WALKER, III

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<td>WATER TREATMENT</td>
<td>2</td>
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</tr>
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<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
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Employer's Name: _______________________________ Phone #: _______________________________

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PDWIS (Water) NPDES (Wastewater) ___________________________ ___________________________

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

Operator Certification Number: 10988
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $100

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Last 4 digits of Social Security Number _________ Email Address _______________________

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ERIC EUGENE TOMLINSON

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Operator in Responsible Charge:

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STEVEN LEE SALES, II

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<tbody>
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<td>WATER DISTRIBUTION</td>
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<td>24</td>
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<tr>
<td>TEMPORARY</td>
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PDWIS (Water) ______ NPDES (Wastewater) ______

Please enter your Operator Certification Number: 10991 Certification(s) shown below will expire on: 7/1/2022

The fee to renew these certifications: $100

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[OVER]
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THOMAS BROWN

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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwwso.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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KYLE WELLER

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<td>WATER DISTRIBUTION</td>
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<td>24</td>
</tr>
<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 [ ]

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]
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.

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I. CERTIFICATES TO RENEW:

Operator Certification Number:  **10994**

Certification(s) shown below will expire on:  **7/1/2022**

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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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 currently not operating any Facility  

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JEMMEL BACON

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 WASTEWATER COLLECTION       2                                    24
TEMPORARY WATER DISTRIBUTION          1                                    24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:____________________ Phone #:____________________

Number of Facilities (or Plants) that you currently operate:__________ I am employed by the Facility owner [ ]

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

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

Facility / Plant Name

Class    PDWIS (Water)    NPDES (Wastewater)

__________

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OVER)
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</tr>
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</table>

I. CERTIFICATES TO RENEW:

Operator Certification Number: 1193
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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PATRICK PILKERTON

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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<table>
<thead>
<tr>
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<th>Class</th>
</tr>
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<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>2</td>
<td>24</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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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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MARVIN O. SMITH, SR.

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<tbody>
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<td>SUPERINTENDENT</td>
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<td>WATER TREATMENT</td>
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Class | PDWIS (Water) | NPDES (Wastewater)

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(OVER)
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<tr>
<td>OPERATOR</td>
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<td>16</td>
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PDWIS (Water) __________

NPDES (Wastewater) __________

[OVER]

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

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

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<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>5</td>
<td>30</td>
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Number of Facilities (or Plants) that you currently operate: ______

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KENNETH WAYNE SHARRER

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: 1572
Certification(s) shown below will expire on: 7/1/2022
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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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wws.o.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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Operator Certification Number: 1633
Certification(s) shown below will expire on: 7/1/2022
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.

Jeremy Mose
Certification(s) shown below will expire on: 7/1/2022
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 Class Training Units Required
TEMPORARY WATER TREATMENT 5GW 24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:         Phone #:
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner
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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)


OVER}
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**APPLICATION FOR CERTIFICATION RENEWAL**

MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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ALBERT C. GREENE

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Class PDWIS (Water) NPDES (Wastewater)

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(OVER)
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MICHAEL JOEL SEWARD

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<tr>
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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
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ZACHARY CLARK
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

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                      |       |               |                    |

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ROGER E WILLIAMS, JR.

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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 wwws.board@maryland.gov
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DENNIS WAYNE LONG

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 TREATMENT

Operator Certification Number: 1994
Certification(s) shown below will expire on: 7/1/2022
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.
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Last 4 digits of Social Security Number _______ Email Address ________________________

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ALLAN L HENMAN

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|---------------------|-------|---------------|--------------------|

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(OVER)

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Last 4 digits of Social Security Number __________ Email Address ___________________________

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RYAN MAINES

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<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
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<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
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</tr>
</tbody>
</table>

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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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Last 4 digits of Social Security Number ________________ Email Address __________________________

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ROBERT LEE MONEY, JR.

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<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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Employer's Name: ___________________________ Phone #: ___________________________

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I am employed by the Facility owner [ ] I provide contractual services to the Facility [ ]

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PDWIS (Water) NPDES (Wastewater) ___________________________
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LANNY A. CREIGHTON

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<td>OPERATOR</td>
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CHARLES H. HEINE

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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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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RUSSELL JOHNSON

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

Facility / Plant Name ____________________________________________

Class PDWIS (Water) NPDES (Wastewater)

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

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<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>

Operator Certification Number: 2172
Certification(s) shown below will expire on: 7/1/2022
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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Facility / Plant Name

Class

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NPDES (Wastewater)

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

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
</tr>
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(OVER)
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<td>OPERATOR</td>
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<td>30</td>
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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
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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This is page one of a two page form. Both pages must be completed and returned.

MATTIEH RIELEY

Operator Certification Number: 2585
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50


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

MATTIEH RIELEY

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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<thead>
<tr>
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<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL</td>
<td>2</td>
<td>0</td>
</tr>
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</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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<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
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<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>24</td>
</tr>
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<td>WASTEWATER TREATMENT</td>
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<td>24</td>
</tr>
<tr>
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Certification(s) shown below will expire on: 7/1/2022

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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MATTHEW JOHNSTON

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JOSEPH E. DREJKA

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

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

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CHARLES CHRYSTAL

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>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<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 [ ]

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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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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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(OVER)
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Email Address ___________________________

Last 4 digits of Social Security Number ___________________________

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

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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COLUMBUS BATTLE, JR.

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</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</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 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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<th>Facility / Plant Name</th>
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<td></td>
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$50

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

Certification(s) shown below will expire on: 7/1/2022

The fee to renew these certifications: $50

Operator Certification Number: 2832

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

[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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KRISTOPHER PARKER  
Operator Certification Number: 2833
Certification(s) shown below will expire on: 7/1/2022  
The fee to renew these certifications: $50

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MICHAEL SLECHTER

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CARL  BARNHILL

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

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Class

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

Operator Certification Number: 2883
Certification(s) shown below will expire on: 7/1/2022
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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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

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EDWARD 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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<tr>
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<th>Class</th>
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<tbody>
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<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</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 provide contractual services to the Facility [ ]

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PDWIS (Water)    NPDES (Wastewater) ___________________________ ___________________________

[OVER]
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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WALLACE M. HIGH

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<td>1</td>
<td>16</td>
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Operator Certification Number: 2994
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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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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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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 wws.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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BERNARD STACY CAMPBELL

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 COLLECTION

Operator Certification Number: 3002
Certification(s) shown below will expire on: 7/1/2022
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:
Certification Type | Category
--- | ---
OPERATOR | WASTEWATER COLLECTION

Operator Certification Number: 3002
Certification(s) shown below will expire on: 7/1/2022
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 
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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: 
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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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TREVOR IRVINE

Operator Certification Number: 3163
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

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<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
</tr>
</tbody>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:

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

I am employed by the Facility owner ☐
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Facility / Plant Name ____________________________

Class
PDWIS (Water)
NPDES (Wastewater)

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[OVER]
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TIMOTHY M GIBSON

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APPLICATION FOR CERTIFICATION RENEWAL
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.

DANIEL R FISSEL

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

<p>| I. CERTIFICATES TO RENEW: |</p>
<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
</tr>
</tbody>
</table>

| Certification(s) shown below will expire on: | 7/1/2022 |
| 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. |

Operator Certification Number: 3551

<p>| II. CURRENT EMPLOYMENT INFORMATION |</p>
<table>
<thead>
<tr>
<th>Employer's Name:</th>
<th>Phone #:</th>
</tr>
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<tbody>
<tr>
<td>Number of Facilities (or Plants) that you currently operate:</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
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<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
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(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 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:

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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 *

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER COLLECTION</td>
<td>2</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 provide contractual services to the 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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PDWIS (Water) ☐ NPDES (Wastewater) ☐

(OVER)
III. CONTINUING EDUCATION:
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wws.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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CURTIS BALL

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<tr>
<th>Certification Type</th>
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</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 [ ]
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Applicant's Signature: ___________________________ Date _________________

Last 4 digits of Social Security Number __________ Email Address ___________________________

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ANTHONY W MASEMER

Operator Certification Number: 3662
Certification(s) shown below will expire on: 7/1/2022
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>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) ____________

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(OVER)
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KARL G. WEBER

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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
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Number of Facilities (or Plants) that you currently operate: ___ I am employed by the Facility owner [ ]

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GEORGE S. SHOEMAKER

Operator Certification Number: 3703

Certification(s) shown below will expire on: 7/1/2022

The fee to renew these certifications: $100

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<tr>
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<td>INDUSTRIAL WASTEWATER</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
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I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

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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.

(Over)

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

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

ROBERT C SMYERS

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ROBERT C SMYERS

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 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
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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<tbody>
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<td>4</td>
<td>30</td>
</tr>
<tr>
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<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT A</td>
<td>A</td>
<td>16</td>
</tr>
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PDWIS (Water) ______ NPDES (Wastewater) ______

(OVER)
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Demond Miller

Certification(s) shown below will expire on: 7/1/2022

The fee to renew these certifications: $50

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(OVER)
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APPLICATION FOR CERTIFICATION RENEWAL
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WILLIAM S. ALEXANDER

Operator Certification Number: 4519

Certification(s) shown below will expire on: 7/1/2022

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>
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<th>Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>7</td>
<td>16</td>
</tr>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 

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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BRIAN C. BOATWRIGHT

Operator Certification Number: 4689
Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

The fee to renew these certifications will expire on: 7/1/2022
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<tr>
<td>TEMPORARY</td>
<td>WASTEWATER COLLECTION</td>
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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 wwsoboard@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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SHARON L VANLOWE-DELACEY

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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<th>Training Units Required</th>
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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
</tbody>
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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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PATRICK A CARROLL

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<th>Class</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>6</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 [ ]

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PDWIS (Water) NPDES (Wastewater)

(OVER)
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</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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FRANCIS G HARROD

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<th>Training Units Required</th>
</tr>
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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>2</td>
<td>16</td>
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<tbody>
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<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
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<td>16</td>
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RONALD R DEAL

Certification(s) shown below will expire on: 7/1/2022

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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<table>
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<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>
<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
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I provide contractual services to the Facility □

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Facility / Plant Name ________________________________________ Class  PDWIS (Water) NPDES (Wastewater)
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PETER M KLIMOVITZ

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[OVER]
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<tbody>
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<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
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JACQUELINE M CLARK

Certification(s) shown below will expire on: 7/1/2022
The fee to renew these certifications: $50

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<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>3</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
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.

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ROBERT W RAITHER

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 TREATMENT | A     | 16                     
OPERATOR          | WASTEWATER TREATMENT | 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.

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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.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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

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

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WILLIAM S BRIGMAN

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I. CERTIFICATES TO RENEW:

Certification Type Category  Class  Training Units Required
OPERATOR 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)

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JAMES M BOWEN

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OPERATOR WASTEWATER TREATMENT 5 30
OPERATOR WASTEWATER TREATMENT A 16

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DUWAYNE R POTTER

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: 6119

Certification(s) shown below will expire on: 7/1/2022

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>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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<td>16</td>
</tr>
<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>
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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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TERRY L WRAY

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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
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<tr>
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<td>5G</td>
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I am currently not operating any Facility ________

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OVER

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

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DANIEL M. HINCHLIFFE

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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

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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
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HARRY J. ELLIOTT, JR.

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>
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<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
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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 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.

Facility / Plant Name: ____________________________ Class: _____

PDWIS (Water) ______ NPDES (Wastewater) ______

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

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Operator in Responsible Charge:

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TROY MASON

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 | INDUSTRIAL WASTEWATER | 6 | 16 |

| II. CURRENT EMPLOYMENT INFORMATION | | | |
| Employer's Name: | Phone #: | |
| Number of Facilities (or Plants) that you currently operate: | I am employed by the Facility owner | |
| I am currently not operating any Facility | I provide contractual services to the Facility | |

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

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

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Last 4 digits of Social Security Number ______ Email Address ___________________________

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George S. Boileau II

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

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Operator Certification Number: 7147
Certification(s) shown below will expire on: 7/1/2022
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>
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<td>WATER TREATMENT</td>
<td>1</td>
<td>16</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>
</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.

Facility / Plant Name 
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(Over)
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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KEVIN E. MACKERETH

Operator Certification Number: 7212
Certification(s) shown below will expire on: 7/1/2022
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>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
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PDWIS (Water) NPDES (Wastewater) ___________________________ ___________________________

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_________________________ ___________________________

_________________________ ___________________________

[OVER]

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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 wwwso.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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SHAWN D. RAUDENBUSH

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 WATER TREATMENT 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)
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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CHRISTOPHER L. BRANDT

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

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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[OVER]
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RICHARD S. ARMACOST

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<td>WATER TREATMENT</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
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<td>30</td>
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II. CURRENT EMPLOYMENT INFORMATION

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I am employed by the Facility owner ☐ I provide contractual services to the Facility ☐

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PDWIS (Water) ______ NPDES (Wastewater) ______

OVER
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HAROLD MCKENNA

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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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TERELL D JONES

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<tr>
<td>SUPERINTENDENT</td>
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MICHAEL A STONE

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

<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>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 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.

<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
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<td></td>
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<td></td>
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(OVER)
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CHARLES J. FISHER

Certification(s) shown below will expire on: 7/1/2022

The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
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<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
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<td>16</td>
</tr>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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Facility / Plant Name ___________________________ Class ___________________________

PDWIS (Water) NPDES (Wastewater)
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number ____________________________ Email Address ____________________________

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WILLIAM DAVE SEAMAN

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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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
</tr>
</tbody>
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Employer's Name: ____________________________ Phone #: ____________________________

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

I am currently not operating any Facility [ ] 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) [ ]

The fee to renew these certifications: $50

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Operator Certification Number: 7990

Certification(s) shown below will expire on: 7/1/2022

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

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HOWARD D. MUMMA, 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:

Certification Type Category
TEMPORARY WATER TREATMENT

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

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

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<table>
<thead>
<tr>
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<th>Category</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class</th>
<th>4</th>
</tr>
</thead>
</table>

The fee to renew these certifications: $50

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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 wwsb.board@maryland.gov

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

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(OVER)
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<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
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NPDES (Wastewater)

[OVER]
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MARCELLA M. LOWREY

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SHANE MICHAEL STONESIFER

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: 8787
Certification(s) shown below will expire on: 7/1/2022
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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<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 provide contractual services to the 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 ____________________________

(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 ___________________________

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
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. Operator Certification Number: 8850

THERESA ROCHELLE TUCKER

Certification(s) shown below will expire on: 7/1/2022

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>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30</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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To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number __________ Email Address _______________________

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 www.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
VERONICA ZOE DUNNOCK

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

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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>
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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

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

Operator Certification Number: 8983

Certification(s) shown below will expire on: 7/1/2022

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.

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

SUPERINTENDENT WASTEWATER COLLECTION 27

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

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

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:

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
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwwso.board@maryland.gov
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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ALBERT J. HOFFMAN

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        Class   Training Units Required
OPERATOR                   WASTEWATER COLLECTION 2                     16

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

(OVER)
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Name and Certification Number of
Operator in Responsible Charge: ____________________________

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JOSEPH BUCIOR, III

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
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<td>16</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
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<td>5</td>
<td>7</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
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CARRIE A. MYERS

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<tr>
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</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>5AS</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 [ ]

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

Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature: ___________________________ Date ___________________________

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

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 *

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RYAN J. DINSMORE

Operator Certification Number: 9104
Certification(s) shown below will expire on: 7/1/2022
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 WATER DISTRIBUTION

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>WATER DISTRIBUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</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)
III. CONTINUING EDUCATION:

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

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GILMORE WINFIELD STITELY, IV

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<tr>
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<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>7</td>
</tr>
<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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I am employed by the Facility owner [ ]

I am currently not operating any Facility [X] I provide contractual services to the Facility [ ]

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Facility / Plant Name ___________________________ Class [ ]

PDWIS (Water) [ ] NPDES (Wastewater) [ ]

(Over)
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STEVE FOSTER THOMAS

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

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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JONATHAN A. GLENN

Certification(s) shown below will expire on: 7/1/2022

Certification(s) shown below will expire on: 7/1/2022

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>
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<th>Class</th>
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</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER COLLECTION</td>
<td>2</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)

(OVER)
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwsb.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
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JOSEPH E. SINNOTT

Operator Certification Number: 9613
Certification(s) shown below will expire on: 7/1/2022
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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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
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(Over)
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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

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.

WILLIAM M. BAUMGARDNER

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: 9646
Certification(s) shown below will expire on: 7/1/2022
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>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

<table>
<thead>
<tr>
<th>Employer's Name:</th>
<th>Phone #:</th>
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<tbody>
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</table>

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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<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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.
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge: __________________________

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of $100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is $150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief.
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: __________________________ Date __________________________

Last 4 digits of Social Security Number __________ Email Address __________________________

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 www.so.board@maryland.gov
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ERIC HARRIS

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<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
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<td>16</td>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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CLINTON DAVID WIKE

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OPERATOR WATER TREATMENT

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PDWIS (Water) ________ NPDES (Wastewater) ________

Training Units Required

Class 3

Training Units Required

Class 30

The fee to renew these certifications: $50

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Operator Certification Number: 9929

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