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.

LINDSEY M WARFIELD

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Number of Facilities (or Plants) that you currently operate: ______
I am employed by the Facility owner
I am currently not operating any Facility
I provide contractual services to the Facility

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

Facility / Plant Name

[OVER]
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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 obtaining of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: ________________________________

V. LATE FEES AND REINSTATEMENT

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

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

- 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 wwwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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JEFF WHITACRE

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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>5GW</td>
<td>24</td>
</tr>
</tbody>
</table>

Operator Certification Number: 0044

Certification(s) shown below will expire on: 8/1/2022

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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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number _________ Email Address ___________________________

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JAMES MONTAGUE

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<th>Certification Type</th>
<th>Category</th>
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</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>

Operator Certification Number: 0070
Certification(s) shown below will expire on: 8/1/2022
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 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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Applicant's Signature: __________________________ Date __________________________

Last 4 digits of Social Security Number ___________ Email Address __________________________

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TODD EDWARD GREENE

Operator Certification Number: 0179

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $50

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<tr>
<th>Certification Type</th>
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<td>TEMPORARY</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 [ ]

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:

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Applicant's Signature: ___________________________ Date ________________

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

Handle with care: Do not fold or send in an envelope.

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CRAIG A. STROCK

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

Class  Training Units Required
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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MATTHEW OZMAN

Operator Certification Number: 0510
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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<th>Training Units Required</th>
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<tbody>
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<td>1</td>
<td>16</td>
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Facility / Plant Name

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Facility / Plant Name

Class
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NPDES (Wastewater)

(OVER)
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.

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Applicant's Signature: ____________________________ Date ____________________________
Last 4 digits of Social Security Number __________ Email Address ____________________________

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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TIMOTHY RIDDLE

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

Operater Certification Number: 0513
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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

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I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
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<tbody>
<tr>
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<table>
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<tr>
<th>Class</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

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

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use 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.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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  - Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ___________________________ Date ______________

Last 4 digits of Social Security Number ________ Email Address ______________

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

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RICHARD GARY NEEDY

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 DISTRIBUTION  1  16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:  Phone #:

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

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:  0549

Certification(s) shown below will expire on:  8/1/2022

Please verify your information shown on this application and make any corrections as needed.
III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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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 wws.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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WILLIAM D. SIMMS

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: 0564

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $50

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: __________________________ Phone #: __________________________

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

I am employed by the Facility owner [ ]
I 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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• For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.

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Name and Certification Number of Operator in Responsible Charge:

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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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JOSH MASON
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

Valid Operator Certification Number: 0640

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
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<th>Class</th>
<th>Training Units Required</th>
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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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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 www.so.board@maryland.gov
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LUKE ANTHONY BENDER

Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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Employer's Name: ____________________________ Phone #: ____________________________

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Applicant's Signature: ____________________________ Date ____________________________

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

TRAVIS D. BROWN

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

I am employed by the Facility owner [ ]
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Facility / Plant Name

[OVER]
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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JAMIE NORRIS

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: 0718
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:
Certification Type Category
OPERATOR WASTEWATER COLLECTION
Training Units Required
Class 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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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)
III. CONTINUING EDUCATION:

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Class

PDWIS (Water)

NPDES (Wastewater)

[OVER]
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<td>30</td>
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JEFFREY DEE TINGLE

Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number __________ Email Address ________________________

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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BRIAN BOGGS

Operator Certification Number: 0800
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR WASTEWATER COLLECTION

<table>
<thead>
<tr>
<th>Class</th>
<th>Required Training Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></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 [ ]

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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TIMOTHY R. REDDIX

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: 0806
Certification(s) shown below will expire on: 8/1/2022
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>
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<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
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<td>16</td>
</tr>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

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

Facility / Plant Name

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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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CHRISTOPHER MAYS

Operator Certification Number: 0816
Certification(s) shown below will expire on: 8/1/2022
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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER 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 ________ 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>
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<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
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(OVER)
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ROBERT LEE SHORT

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          3

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:           Phone #:
Number of Facilities (or Plants) that you currently operate: ___________
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THEODORE A. MARTINEZ

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</tr>
</thead>
<tbody>
<tr>
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<td>WASTEWATER COLLECTION</td>
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<td>16</td>
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<td>WASTEWATER COLLECTION</td>
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<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) ____________________________
III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of $100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is $150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

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

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

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

Operator Certification Number: 10003
Certification(s) shown below will expire on: 8/1/2022
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.

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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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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Last 4 digits of Social Security Number __________ Email Address ___________________________

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MARITZA VASQUEZ

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

Operator Certification Number: 10012
Certification(s) shown below will expire on: 8/1/2022
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 provide contractual services to the Facility
I am employed by the Facility owner

II. CURRENT EMPLOYMENT INFORMATION

Number of Facilities (or Plants) that you currently operate: 
I am currently not operating any Facility

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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LARRY N PARSONS, JR

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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

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

V. LATE FEES AND REINSTATEMENT

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JAMES JOACHIM

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

Class Training Units Required
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)
III. CONTINUING EDUCATION:  
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LAWRENCE J BRANTLEY

Operator Certification Number: 10054
Certification(s) shown below will expire on: 8/1/2022
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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>7</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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Facility / Plant Name __________________________ Class __________________________

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

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LYNDELL BROWN

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

I. CERTIFICATES TO RENEW:

<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>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 [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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Facility / Plant Name: ____________________________

Class: ______

PDWIS (Water) [ ]

NPDES (Wastewater) [ ]
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Applicant's Signature: ____________________ Date ____________________

Last 4 digits of Social Security Number __________ Email Address ____________________

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KYLE EIGENBRODE

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

I am employed by the Facility owner [ ] I 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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<tr>
<th>Facility / Plant Name</th>
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<th>PDWIS (Water)</th>
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  Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature: ______________________________ Date _________________

Last 4 digits of Social Security Number __________ Email Address ____________________________

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JAMES L HANNA II

Operator Certification Number: 10146
Certification(s) shown below will expire on: 8/1/2022
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:

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<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: ____________

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Facility / Plant Name: ___________________________  Class: ___________________________

PDWIS (Water)  NPDES (Wastewater)

(OVER)
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TIMOTHY THOMAS

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

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Employer's Name: ____________________________ Phone #: ____________________________

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

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Facility / Plant Name: ____________________________ Class: ________

PDWIS (Water) NPDES (Wastewater)

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(OVER)
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ROBYN GUERRA-CORONADO

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
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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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BENJAMIN SMITH

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: 10169
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of $100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is $150 and is additional to the renewal fee.
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Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number __________ Email Address ____________________________

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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SOLOMON QUANSAH

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

I. CERTIFICATES TO RENEW:

Certification Type     Category
TEMPORARY             WATER TREATMENT

Operator Certification Number: 10233
Certification(s) shown below will expire on: 8/1/2022
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 am employed by the Facility owner
I provide contractual services to the Facility

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

Number of Facilities (or Plants) that you currently operate: ____________
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)
III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

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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 wwsos.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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CHARLES CRUMMITT, JR

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</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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Facility / Plant Name

Class

PDWIS (Water) NPDES (Wastewater)

________

________

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

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Applicant's Signature: ___________________________ Date: __________________________

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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ZAKAHRI Z WEEMS
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>5AS</td>
<td>16</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>5AS</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 [ ]
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Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

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

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

V. LATE FEES AND REINSTATEMENT

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

DONNIE GENE JOHNSON

Operator Certification Number: 10361
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
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Employer's Name: __________________________ Phone #: __________________________

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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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DENNIS J PARKINSON 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
OPERATOR           WATER TREATMENT

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

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

The fee to renew these certifications: $50

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Certification(s) shown below will expire on: 8/1/2022
Operator Certification Number: 10411

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Last 4 digits of Social Security Number: _______ Email Address: ____________________________

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
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* 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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KEVIN M FARMER

Operator Certification Number: 10450
Certification(s) shown below will expire on: 8/1/2022
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>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

Number of Facilities (or Plants) that you currently operate: ______
I am employed by the Facility owner [ ]
I am currently not operating any Facility [ ]
I provide contractual services to the Facility [ ]

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

Facility / Plant Name________________________ Class __________
PDWIS (Water) [ ] NPDES (Wastewater) [ ]

(OVER)
III. CONTINUING EDUCATION:

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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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
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RICKY E GETZANDANNER

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

Operator Certification Number: 10453
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________
Phone #: ____________________________

Number of Facilities (or Plants) that you currently operate: ____________________________
I am employed by the Facility owner ☐
I am currently not operating any Facility ☐
I provide contractual services to the Facility ☐

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

Facility / Plant Name

Class
PDWIS (Water)
NPDES (Wastewater)

Training Units Required
16

(OVER)

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JOSE ALEXANDER ZAVAÑA GUARDADO

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

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

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KEVIN J ELKO

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<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>
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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)
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VIRGINIA ANDERSON

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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
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Number of Facilities (or Plants) that you currently operate: ______ I am employed by the Facility owner [ ]

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Class PDWIS (Water) NPDES (Wastewater)

[OVER]
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HARVEY D DAVISON

Operator Certification Number: 10711
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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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

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

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

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: 10759
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>24</td>
</tr>
</tbody>
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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)
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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SHAWN RAMOS

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<tr>
<th>Certification Type</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

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<th>Employer's Name:</th>
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<tr>
<td></td>
<td></td>
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<th>Facility / Plant Name</th>
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<tbody>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

$50

The fee to renew these certifications:

8/1/2022

Certification(s) shown below will expire on:

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
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TIMOTHY J. MCFARLAND

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<tbody>
<tr>
<td>OPERATOR WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>OPERATOR WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
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<td></td>
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STEVEN DAVID CARPENTER

Operator Certification Number: 10997
Certification(s) shown below will expire on: 8/1/2022
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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 wws0.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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<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>
<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>
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<td>16</td>
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(MORE)

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
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<td>WATER TREATMENT</td>
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<td>45</td>
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov

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<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>24</td>
</tr>
</tbody>
</table>

Operator Certification Number: 11000
Certification(s) shown below will expire on: 8/1/2022
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 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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MDE/WMA/OPER (Revised 05/10/2021)          TTY Users 1-800-735-2258          wwso.board@maryland.gov
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CALVIN DUANE SHIVERS

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I. CERTIFICATES TO RENEW:

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

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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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OSCAR GUIDO

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(OVER)
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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 www.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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LAWRENCE SCRANAGE

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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<thead>
<tr>
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<td>45</td>
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<tr>
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<td>WASTEWATER TREATMENT</td>
<td>A</td>
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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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ANTHONY CREGGER

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: 11004

Certification(s) shown below will expire on: 8/1/2022

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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Class

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NPDES (Wastewater)

(OVER)
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ROBERT ADKINS, JR

Operator Certification Number: 11005

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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<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

Class

PDWIS (Water)

NPDES (Wastewater)

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wws0.board@maryland.gov

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MAURICIO A AGUIRRE

Operator Certification Number: 11006

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $100

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Employer's Name: 
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(OVER)
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JOHN PALMER, JR

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

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number __________ Email Address ___________________________

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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
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KELLY GUSTAFSON

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: TEMPORARY
Category: INDUSTRIAL WASTEWATER

Operator Certification Number: 11009
Certification(s) shown below will expire on: 8/1/2022
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: _______________________________
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(Over)
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ____________________________ Date: ____________________________

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

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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SAM GOGEBAKAN

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Operator Certification Number: 11010
Certification(s) shown below will expire on: 8/1/2022
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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Employer's Name: __________________________ Phone #: __________________________

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

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PDWIS (Water)     NPDES (Wastewater)

[OVER]
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DERRICK HUNTER

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<tbody>
<tr>
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<td>WATER TREATMENT</td>
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AARON CARTER

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JAKE HOGAN

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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 wws0.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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MATTHEW FARRAGUT

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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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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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KATIE GONZALEZ

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  4  45

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[OVER]
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SEAN MCKENZIE

Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

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WILLIAM REEDY

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<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

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)

8/1/2022

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.

[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:

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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 www.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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PORSHA WRIGHT

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<tr>
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<th>Class</th>
<th>Training Units Required</th>
</tr>
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<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5A</td>
<td>69</td>
</tr>
</tbody>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

I am employed by the Facility owner [ ] 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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Last 4 digits of Social Security Number __________ Email Address ________________

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SEAN SCHULTZ

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</tr>
</thead>
<tbody>
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<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
</tr>
</tbody>
</table>

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**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: 

Phone #: 

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

I am employed by the Facility owner 

I am currently not operating any Facility 

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

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

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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 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 wwsb.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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Operator Certification Number: 11022
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</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 [ ]
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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]

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwwso.board@maryland.gov
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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________ Email Address ___________________________

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JORDAN VOSS

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>24</td>
</tr>
</tbody>
</table>

Operator Certification Number: 11023

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $100

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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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Name and Certification Number of Operator in Responsible Charge:

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WILSON DAVIS KEETER

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<td>WATER TREATMENT</td>
<td>5</td>
<td>24</td>
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<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
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<th>Class</th>
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<th>NPDES (Wastewater)</th>
</tr>
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</table>

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

V. LATE FEES AND REINSTATEMENT

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

NATHEN LEVINE

Operator Certification Number: 11025
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

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

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

I. CERTIFICATES TO RENEW:

<table>
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<td>WASTEWATER COLLECTION</td>
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<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>24</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

I am employed by the Facility owner [ ] I 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:

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

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Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number ____________________________ Email Address ____________________________

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ROBERT J BUCK
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:
Operator Certification Number: 11026
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fee as described in Section V.

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>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: 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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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ___________________________ Date: __________________________

Last 4 digits of Social Security Number: _______ Email Address: __________________________

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

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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________  Phone #: ____________________________

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

I am employed by the Facility owner [ ]
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THOMAS I SMITH, 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>24</td>
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(OVER)
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GEORGE  DORSEY III

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<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>24</td>
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Operator Certification Number: 11029
Certification(s) shown below will expire on: 8/1/2022
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.

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: [ ]
Phone #: [ ]

Number of Facilities (or Plants) that you currently operate: [ ]
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Facility / Plant Name

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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 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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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NICHOLAS MC SOUSSANIN

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: 11030
Certification(s) shown below will expire on: 8/1/2022
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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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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CAMERON NICHOLAS ROUTHIER
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Facility / Plant Name

PDWIS (Water)    NPDES (Wastewater)

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[OVER]
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Last 4 digits of Social Security Number __________________ Email Address __________________________

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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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WILLIAM GARDNER

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The fee to renew these certifications: $100

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Employer's Name: ________________________ Phone #: ________________________

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

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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) ________

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BOBBY JONES, JR

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PDWIS (Water) NPDES (Wastewater)

[OVER]

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

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

I. CERTIFICATES TO RENEW:

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

I am currently not operating any Facility: [ ]

I provide contractual services to the Facility: [ ]

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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Applicant's Signature: ________________________________ Date __________________________

Last 4 digits of Social Security Number __________ Email Address _______________________

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

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JAMES H. ROOT, JR.

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

JAMES H. ROOT, JR.

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JAMES H. ROOT, JR.

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 | INDUSTRIAL WASTEWATER | 7 | 16

II. CURRENT EMPLOYMENT INFORMATION

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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 | PDWIS (Water) | NPDES (Wastewater)
--- | --- | --- | ---

(OVER)
III. CONTINUING EDUCATION:

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Applicant's Signature: ____________________________ Date _________________

Last 4 digits of Social Security Number ___________ Email Address _______________

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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 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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ROBERT S. MECK

Operator Certification Number: 1431
Certification(s) shown below will expire on: 8/1/2022
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:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge: ________________________________

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number _______ Email Address ____________________________

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DEREK EASTON

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>
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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td></td>
</tr>
</tbody>
</table>

The fee to renew these certifications: $50

Certification(s) shown below will expire on: 8/1/2022

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

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

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

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

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

(OVER)
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Applicant's Signature: ___________________________ Date: ________________

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

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ANTHONY STEVENSON

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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>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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Facility / Plant Name ____________________________ Class

PDWIS (Water) NPDES (Wastewater)

(OVER)
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Operator Certification Number: 1649
Certification(s) shown below will expire on: 8/1/2022
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.

MARK BRIGGS
Operator Certification Number: 1649
Certification(s) shown below will expire on: 8/1/2022
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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MARK BRIGGS

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

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________
Phone #: ____________________________

Number of Facilities (or Plants) that you currently operate: ____________
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(OVER)
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* 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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DONALD R. BURROUGHS

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

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I. CERTIFICATES TO RENEW:

Certification Type            Category          Class  Training Units Required
OPERATOR                     INDUSTRIAL WASTEWATER   2          0

II. CURRENT EMPLOYMENT INFORMATION
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[OVER]
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JAY UMBEL

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Certification Type Category Training Units Required
OPERATOR INDUSTRIAL WASTEWATER Class 

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Certification Type  Category  Class  Training Units Required
SUPERINTENDENT  WATER TREATMENT  2  7

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LAL  SAWTA

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I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR WATER DISTRIBUTION

Certification(s) shown below will expire on: 8/1/2022
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 provide contractual services to the Facility [ ]
I am currently not operating any Facility [ ]

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

Facility / Plant Name ____________________________________________________________________________
Class ____________ PDWIS (Water) ____________ NPDES (Wastewater) _______________________________

(OVER)
III. CONTINUING EDUCATION:

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number _________ Email Address ____________________________

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

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CLIFFTON GROSS

Operator Certification Number: 2061

Certification(s) shown below will expire on: 8/1/2022

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.

----------------------------------------------------------

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>Class 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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)
III. CONTINUING EDUCATION:

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

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ROBERT L SIPES

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

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Employer's Name: ____________________________ Phone #: ____________________________

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I am employed by the Facility owner [ ]
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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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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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BRANDON HUMBLE

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 TREATMENT         | 5     | 45                      |
TEMPORARY         | WASTEWATER TREATMENT         | A     | 24                      |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

I am currently not operating any Facility ☐

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

Facility / Plant Name ____________________________ Class ____________________________

PDWIS (Water) ☐ NPDES (Wastewater) ☐

(OVER)
III. CONTINUING EDUCATION:

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Applicant's Signature: __________________________ Date ______________

Last 4 digits of Social Security Number _______ Email Address ____________

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

JUSTIN SMITH

Operator Certification Number: 2171
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>3</td>
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[OVER]
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DWAYNE M. WALKER
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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Certification Type Category
TEMPORARY WATER TREATMENT

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Phone #: 

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number _________ Email Address _______________________

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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BRUCE ERIC VANDERHOUT

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

I. CERTIFICATES TO RENEW:

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

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.

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

__________________________________________

__________________________________________

__________________________________________

__________________________________________

[OVER]

Operator Certification Number: 2455
Certification(s) shown below will expire on: 8/1/2022
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.
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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WAYNE A. TAYLOR

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</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</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: ______

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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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</thead>
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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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LAURA MCANDREW

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

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<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: ___________________________

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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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RICHARD W. YOUNG, JR.

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

Operator Certification Number: 2582
Certification(s) shown below will expire on: 8/1/2022
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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Number of Facilities (or Plants) that you currently operate: __________
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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.

THOMAS E. SOMERVILLE, JR.

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

I. CERTIFICATES TO RENEW:

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

Facility / Plant Name

Class

PDWIS (Water)  NPDES (Wastewater)

---

(OVER)
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
  Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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.
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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 wwwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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BRIAN D. ROACH

Operator Certification Number: 2680
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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

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Employer's Name: ____________________________________________ Phone #: _______________________

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

[OVER]
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EDWARD WATERS

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 

Phone 

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

I am employed by the facility owner: 

I provide contractual services to the facility: 

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

Facility / Plant Name: 

Class: 

PDWIS (Water): 

NPDES (Wastewater): 

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

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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ERIK EXUM  
Operator Certification Number: 2774  
Certification(s) shown below will expire on: 8/1/2022  
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>
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<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>
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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  

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

[OVER]
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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature: ________________________________ Date ________________

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

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PDWIS (Water): ____________________________ NPDES (Wastewater): ____________________________

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</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
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</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
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[OVER]
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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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V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number ___________ Email Address _______________________

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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JUSTIN RIESETT

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

I. CERTIFICATES TO RENEW:

Operator Certification Number: 2864
Certification(s) shown below will expire on: 8/1/2022
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) __________
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 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:

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 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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STEPHEN R. RUSHING

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: 2885
Certification(s) shown below will expire on: 8/1/2022
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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</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>

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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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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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GORDON R. RIDGLEY, JR.

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<th>Certification Type</th>
<th>Category</th>
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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>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________  Phone #: ____________________________

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

I am employed by the Facility owner [ ]  I am currently not operating any Facility [ ]

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

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 wwwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
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WILLIAM HASTY

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<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 [ ]
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(Enter additional pages as needed)

(Over)
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JOSEPH L. SYMONS, JR.

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

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PDWIS (Water) ___________________________ NPDES (Wastewater) ___________________________

Operator Certification Number: 2910
Certification(s) shown below will expire on: 8/1/2022
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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 *

□ 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 wwsr.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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BRIAN LEE  BOWMAN

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>
<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>2</td>
<td>0</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________________________ Phone #: _______________________

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

I am employed by the Facility owner □

I am currently not operating any Facility □

I provide contractual services to the Facility □

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

Facility / Plant Name: ____________________________ Class ____________

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

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MICHAEL SHANE ZINKHAN

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<tr>
<td>OPERATOR</td>
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<td>16</td>
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(Over)
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JOSEPH A DIMATTEO

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</thead>
<tbody>
<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: _____

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<th>PDWIS (Water)</th>
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</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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BRENDA MAY CROSSMAN

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Operator Certification Number</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>2929</td>
<td>4</td>
<td>30</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________________________ Phone #: ____________________________

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PDWIS (Water): __________________________
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(OVER)
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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COLUMBUS MCCRAE

Operator Certification Number: 2941
Certification(s) shown below will expire on: 8/1/2022
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.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
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WILLIAM B SCOTT

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| 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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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number __________ Email Address __________________________

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

WANDA PRESSLEY

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

I. CERTIFICATES TO RENEW:

Certification Type Category
TEMPORARY WATER TREATMENT

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

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

Operator Certification Number: 2948
Certification(s) shown below will expire on: 8/1/2022
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 wwwso.board@maryland.gov
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APPLICATION FOR CERTIFICATION RENEWAL
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LAWRENCE KENNEY

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

I. CERTIFICATES TO RENEW:

Operator Certification Number: 2949
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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

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

II. CURRENT EMPLOYMENT INFORMATION

Number of Facilities (or Plants) that you currently operate: 4
I am employed by the Facility owner
I am currently not operating any Facility
I provide contractual services to the Facility

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

Facility / Plant Name
Class
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NPDES (Wastewater)
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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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IVAN JOEL RIOS ROSADO

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

Operator Certification Number: 2959
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

I 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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<tbody>
<tr>
<td>OPERATOR WATER TREATMENT</td>
<td>3</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>OPERATOR WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>OPERATOR WASTEWATER TREATMENT A</td>
<td>16</td>
<td></td>
<td></td>
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</tbody>
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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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MICHAEL A. HYATT

Operator Certification Number: 2992

Certification(s) shown below will expire on: 8/1/2022

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:

<table>
<thead>
<tr>
<th>Certification Type</th>
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<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
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<td>45</td>
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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
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<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:

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________ Email Address ______________________

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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

OPERATOR WATER DISTRIBUTION

I. CERTIFICATES TO RENEW:

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<td>OPERATOR</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 [ ]

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Facility / Plant Name: ____________________________

Class | PDWIS (Water) | NPDES (Wastewater)

[OVER]

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $50

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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 wwso.board@maryland.gov
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JOHN ANDREW BAKER

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR WASTEWATER COLLECTION

Class Training Units Required
2 16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

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

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

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

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

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<td>WASTEWATER COLLECTION</td>
<td>2</td>
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</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

 Operator Certification Number: 3098
 Certification(s) shown below will expire on: 8/1/2022
 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.

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 

Phone #: 

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

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Facility / Plant Name 

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STEFON RYAN

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Employer's Name: ____________________________ Phone #: ____________________________

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PDWIS (Water): ____________________________ NPDES (Wastewater): ____________________________

[OVER]
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ROBERT L FRITZ

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

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<td>30</td>
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*TERRY L WILKINS*

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**Operator Certification Number**: 3511

**Certification(s) shown below will expire on**: 8/1/2022

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

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EDWARD M. RICHARDS

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

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
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</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>5GW</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>45</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 
Phone #: 

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
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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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CARL DONNOR

Operator Certification Number: 3599

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $50

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

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<td>7</td>
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Employer's Name: ____________________________ Phone #: ____________________________

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

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WESLEY O. CLEM

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________ Email Address ___________________________

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MICHAEL L. ADDISON, JR.

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________________________________________________________________________

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</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>

Operator Certification Number: 3790

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $50

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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 provide contractual services to the Facility [ ]

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Facility / Plant Name ___________________________ Class ___________________________

PDWIS (Water) ___________________________ NPDES (Wastewater) ___________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OVER

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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ANTHONY ANDERSON

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OWEN NATHANIEL BRISCOE

Certification(s) shown below will expire on: 8/1/2022
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[OVER]

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

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:

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

* The number of training units required to renew are based on type of certification and indicated in Section I of this application.
* For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
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* Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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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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VII. APPLICANT'S STATEMENT

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

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

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JEFFERY DEAN MCMILLAN

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: 3967
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

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

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 WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:__________________________________________ Phone #:__________________________________________

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

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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

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

Applicant's Signature: ________________________________ Date ________________________________

Last 4 digits of Social Security Number __________ Email Address ________________________________

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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RAYMOND D HOHL

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: 4025
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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

I. CERTIFICATES TO RENEW:

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

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

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JUSTIN T DAWSON

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: 4038
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Class: 4; Training Units: 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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(OVER)
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Name and Certification Number of Operator in Responsible Charge:

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MARK SCHOLZ

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

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 [ ]

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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)
---------------------|------|---------------|---------------------

(continued on next page)
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CHARLES JOHNSON, JR.

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

Operator Certification Number: 4314
Certification(s) shown below will expire on: 8/1/2022
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 #: ____________________________

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

Number of Facilities (or Plants) that you currently operate: ____________
I am currently not operating any Facility

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

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

(OVER)
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Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number ________ Email Address ____________________________

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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BRIAN SAHM

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]
I provide contractual services to the Facility [ ]
I am currently not operating any Facility [ ]
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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- 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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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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  Name and Certification Number of 
  Operator in Responsible Charge: 

V. LATE FEES AND REINSTATEMENT
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UMESHKUMAR MISTRY

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 DISTRIBUTION | 1 | 16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

Number of Facilities (or Plants) that you currently operate: ____________ I am employed by the Facility owner □

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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MICHAEL A MINARCIN

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________________________ Phone #: __________________________

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

I am employed by the Facility owner: __________

I am currently not operating any Facility: __________

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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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THERESA  GREEN

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

Class Training Units Required
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 not currently operating any Facility I provide contractual services to the Facility

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

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CHRISTOPHER WALKER

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>Operator Certification Number: 4525</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td></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)  

The fee to renew these certifications: $50  
Certification(s) shown below will expire on: 8/1/2022  

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

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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</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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Class PDWIS (Water) NPDES (Wastewater)

[OVER]
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JOHN R. BURDETT

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>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
</tr>
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</table>

Operator Certification Number: 4550

Certification(s) shown below will expire on: 8/1/2022

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 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.

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Name and Certification Number of Operator in Responsible Charge:

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Operator Certification Number: 4568
Certification(s) shown below will expire on: 8/1/2022
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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(OVER)
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KEITH D WRIGHT

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<tbody>
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<td>WATER TREATMENT</td>
<td>3</td>
<td>7</td>
</tr>
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<td>7</td>
</tr>
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DANIEL G LATOVA
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BRIAN D. JONES

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<td>OPERATOR</td>
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Facility / Plant Name ____________________________ Class ________ PDWIS (Water) NPDES (Wastewater) ________

Certification(s) shown below will expire on: 8/1/2022

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 wwwso.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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<td>WASTEWATER TREATMENT</td>
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(OVER)
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Operator Certification Number: 5695

Certification(s) shown below will expire on: 8/1/2022

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

* 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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DWAYNE S. BUSSARD

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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</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</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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MICHAEL A MCKAY

Operator Certification Number: 5855
Certification(s) shown below will expire on: 8/1/2022
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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<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
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**MARK BEAVER**

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

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Operator Certification Number: 5860

Certification(s) shown below will expire on: 8/1/2022

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:

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<thead>
<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 ☐

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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SON KIM HUA

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 |

| Operator Certification Number: | 6013 |
| Certification(s) shown below will expire on: | 8/1/2022 |
| 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 #: |  |

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|  |  |  |

|  |  |  |

|  |  |  |

OVER)
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CHARLES R SMITH

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CRAIG A. REID

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: 6936

Certification(s) shown below will expire on: 8/1/2022

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>
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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Facility / Plant Name ___________________________ Class ___________________________

PDWIS (Water) ___________________________ NPDES (Wastewater) ___________________________

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

(OVER)
III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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SCOTT G. STRICKLAND
Operator Certification Number: 6944
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

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

Employer's Name: ___________________________ Phone #: ___________________________

Number of Facilities (or Plants) that you currently operate: ___________
I am employed by the Facility owner [ ]
I provide contractual services to the Facility [ ]

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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Applicant's Signature: ____________________________________________ Date ________________________________

Last 4 digits of Social Security Number __________ Email Address ________________________________

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

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TIMOTHY S. WAGONER

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<tbody>
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<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</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)
III. CONTINUING EDUCATION:
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature: ____________________________ Date ________________

Last 4 digits of Social Security Number ___________ Email Address ________________

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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DUANE PICKETT

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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ______________________ Phone #: ______________________

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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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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Last 4 digits of Social Security Number __________ Email Address ___________________________

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EDWARD FRANCIS HOGAN

Operator Certification Number: 7363
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $100

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<td>2</td>
<td>16</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
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<tbody>
<tr>
<td></td>
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

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

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

<table>
<thead>
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<th>NPDES (Wastewater)</th>
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<td></td>
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(OVER)
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________ Email Address ___________________________

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wws.board@maryland.gov
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Please verify your information shown on this application and make any corrections as needed.

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

Operator Certification Number: 7687
Certification(s) shown below will expire on: 8/1/2022
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:
Operator Certification Number: 7687
Certification(s) shown below will expire on: 8/1/2022
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 verify your information shown on this application and make any corrections as needed.

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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 INDUSTRIAL WASTEWATER

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

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

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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>
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<td>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</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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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
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DENNIS H. SCHEFFER

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<th>Training Units Required</th>
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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>7</td>
</tr>
</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 provide contractual services to the Facility □

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Facility / Plant Name: ___________________________  Class: ___________  PDWIS (Water) □  NPDES (Wastewater) □

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KHALID AHMAD

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<td>WATER DISTRIBUTION</td>
<td>Class: 1</td>
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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 wwso.board@maryland.gov
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SHARMAINE M. FAUNTLEROY

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ___________________________  Date __________________________

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

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JOEL KNOPFMACHER

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: 8153
Certification(s) shown below will expire on: 8/1/2022
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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</tr>
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<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>
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I am employed by the Facility owner [ ]
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Facility / Plant Name ____________________________ Class __________
PDWIS (Water) __________ NPDES (Wastewater) __________

____________________________________

____________________________________

____________________________________

____________________________________

OVER

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Name and Certification Number of
Operator in Responsible Charge:

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DAVID MOATS

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ________________________ Phone #: ________________________

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

I am employed by the Facility owner [ ]

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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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GLENN R. BELMORE

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<td>WATER TREATMENT</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>3</td>
<td>7</td>
</tr>
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</tr>
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<td>30</td>
</tr>
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## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:  
Phone #:  

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

(OVER)
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TROY L. WASTLER

Operator Certification Number: 8648
Certification(s) shown below will expire on: 8/1/2022
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.

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<tr>
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<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</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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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwsu.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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RICHARD E. WHITSON

Operator Certification Number: 8776

Certification(s) shown below will expire on: 8/1/2022

The fee to renew these certifications: $100

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

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
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(Over)
III. CONTINUING EDUCATION:

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

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

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________ Email Address ___________________________

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

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BRIAN S. PROCTOR

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): __________________________

(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

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

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MATTHEW J. RADENA

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

I. CERTIFICATES TO RENEW:
Operator Certification Number: 8823
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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

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

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

Number of Facilities (or Plants) that you currently operate: 
I am employed by the Facility owner
I am currently not operating any Facility
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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JAMES E. JETT

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<tbody>
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<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>
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</tbody>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________  Phone #: ____________________________

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

I am employed by the Facility owner [ ]  I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

(OVER)
III. CONTINUING EDUCATION:
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    Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT
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Applicant's Signature: ________________________________ Date ________________________________

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TIMOTHY M MCCOY

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</tr>
</thead>
<tbody>
<tr>
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<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
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JOSH ALLEN STINNETT

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</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 

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 ____________________

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

JENNIE KILBY

Operator Certification Number: 9456
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

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

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>
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<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 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

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Name and Certification Number of Operator in Responsible Charge:

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GREGORY BODNAR

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

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 PDWIS (Water) NPDES (Wastewater)

[OVER]

 Operator Certification Number: 9647
 Certification(s) shown below will expire on: 8/1/2022
 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.

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwwso.board@maryland.gov
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Last 4 digits of Social Security Number __________ Email Address ____________________

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DONOVAN COLVIN

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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>
<td>5</td>
<td>30</td>
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Employer's Name: __________________________ Phone #: __________________________

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

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Application for Certification Renewal
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FERNANDO LOZANO

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<td>5AS</td>
<td>16</td>
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Employer's Name: ____________________________ Phone #: ____________________________

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FRANCIS P. HESS

Operator Certification Number: 9768
Certification(s) shown below will expire on: 8/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:
Certification Type | Category | Class | Training Units Required
--- | --- | --- | ---
OPERATOR | WATER TREATMENT | 4 | 30

II. CURRENT EMPLOYMENT INFORMATION
Employer's Name:Phone #:
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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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WILLIAM ARTHUR SHREVE, JR.

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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
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<td>45</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 [ ] I provide contractual services to the Facility [ ]

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Facility / Plant Name: _____________________________ Class: _____________________________

PDWIS (Water) NPDES (Wastewater)

(OVER)
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____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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STEPHEN F. CALLAHAN

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</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>7</td>
</tr>
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JOSEPH E. FULTON

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<th>Class</th>
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<tbody>
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<td>OPERATOR</td>
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<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
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<tr>
<td>OPERATOR</td>
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<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
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Last 4 digits of Social Security Number ___________ Email Address _____________________

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

* AN INCOMPLETE APPLICATION WILL BE RETURNED *