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CORY BOYNTON  

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

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ________________________ Phone #: ________________________

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

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

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<th>Facility / Plant Name</th>
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<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
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(OVER)
III. CONTINUING EDUCATION:

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

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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

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of $100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: ___________________________ Date: ___________________________

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

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 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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SEAN WARNER

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

I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR WATER DISTRIBUTION

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

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

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

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: 0342 Certification(s) shown below will expire on: 9/1/2022 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.

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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
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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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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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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AUSTIN ADAMS

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

I. CERTIFICATES TO RENEW:

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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<th>Facility / Plant Name</th>
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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 ________________________

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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KARL M. HARRISON, JR.

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

---

I. CERTIFICATES TO RENEW:

Operator Certification Number: 0560
Certification(s) shown below will expire on: 9/1/2022
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: __________ 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) ___________________________ ___________________________ ___________________________
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 REINSTATEDMENT

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Applicant's Signature: _____________________________ Date: _____________________________

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

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SATISH C. PATEL

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<tr>
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<tbody>
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<td>WASTEWATER COLLECTION</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 []

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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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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RYAN ROWLAND

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 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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Name and Certification Number of Operator in Responsible Charge:

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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 wwsociety@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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ALEXANDER L. DODSON

Operator Certification Number: 0674
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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Employer's Name: 
Phone #: 

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SCOTT F. BAUCOM, JR.

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<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>7</td>
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Employer's Name: ____________________________ Phone #: ____________________________

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

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

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Facility / Plant Name ____________________________ Class ____________________________

PDWIS (Water) ____________________________ NPDES (Wastewater) ____________________________

[OVER]
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JAMES BERRY

Operator Certification Number: 0838

Certification(s) shown below will expire on: 9/1/2022

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]

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: __________

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Facility / Plant Name

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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TROY SARGEANT

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- 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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VII. APPLICANT'S STATEMENT

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

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Applicant's Signature: ________________________________ Date: ________________________________

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

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RYAN M. BATESON

Operator Certification Number: 0920
Certification(s) shown below will expire on: 9/1/2022
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>INDUSTRIAL WASTEWATER</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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<th>PDWIS (Water)</th>
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</tr>
</thead>
</table>

(OVER)
APPLICATION FOR CERTIFICATION RENEWAL
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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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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wws.o.board@maryland.gov
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GERARDO GOMEZ

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: 

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

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SHAWN BOWMAN

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

I. CERTIFICATES TO RENEW:

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

Certification(s) shown below will expire on: 9/1/2022

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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Operator Certification Number: 0978

Certification(s) shown below will expire on: 9/1/2022

The fee to renew these certifications: $50

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number _________ Email Address __________________________

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BRADLEY DICK

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: 1002
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>1 7</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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PDWIS (Water) [ ] NPDES (Wastewater) [ ]
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Name and Certification Number of Operator in Responsible Charge:

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CRISTY PHELPS

Operator Certification Number: 10033
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
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<td>1</td>
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Facility / Plant Name: ___________________________
Class: ___________ PDWIS (Water) NPDES (Wastewater): ___________

[OVER]
III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature: __________________________ Date __________________________

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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JEREMY HALL

Certification(s) shown below will expire on: 9/1/2022

The fee to renew these certifications: $50

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

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<thead>
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<th>Class</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

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Employer's Name: ____________________________ Phone #: ____________________________

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

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I am currently not operating any Facility

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

(OVER)
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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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NEAL PROCTOR

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</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)
III. 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 wwsoc.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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KEVIN ROBERTSON

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: 10119
Certification(s) shown below will expire on: 9/1/2022
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>INDUSTRIAL WASTEWATER</td>
<td>7</td>
<td>16</td>
</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 [ ]
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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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<th>Facility / Plant Name</th>
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</tr>
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 www.so.board@maryland.gov https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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WALTER BELT
Certification(s) shown below will expire on: 9/1/2022

The fee to renew these certifications: $50

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<tr>
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<th>Category</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
<td>Class 2, 16</td>
</tr>
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Employer's Name: ___________________________ Phone #: ___________________________

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

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(OVER)
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DAVID L BUCHANAN

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
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<td>16</td>
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Number of Facilities (or Plants) that you currently operate: ______________

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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 wwsb.board@maryland.gov
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BRYAN PETERS

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>
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<th>Training Units Required</th>
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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>2</td>
<td>24</td>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

I am employed by the Facility owner □ I am currently not operating any Facility □

I provide contractual services to the Facility □

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

Facility / Plant Name ____________________________ Class PDWIS (Water) NPDES (Wastewater)
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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Last 4 digits of Social Security Number ___________ Email Address _______________________________

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AARON SCHROYER

Operator Certification Number: 10348
Certification(s) shown below will expire on: 9/1/2022
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>
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<th>Certification Type</th>
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<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 [ ]

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Facility / Plant Name

Class

PDWIS (Water) NPDES (Wastewater)

(OVER)
III. CONTINUING EDUCATION:

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STEVEN BIRCHFIELD

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

Class Training Units Required
2 0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

[OVER]
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RICHARD A ANDERSON

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
---|---
OPERATOR | WATER DISTRIBUTION

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________________________

Phone #: __________________________

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PDWIS (Water): ________

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WILLIAM M EVANS

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

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

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THOMAS R JOHNSON, II

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

Operator Certification Number: 10532
Certification(s) shown below will expire on: 9/1/2022
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>
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<td>TEMPORARY</td>
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</tr>
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wws.o.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
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(OVER)
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<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>45</td>
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<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
</tr>
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</table>

Operator Certification Number: 10702
Certification(s) shown below will expire on: 9/1/2022
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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RICHARD MONTGOMERY

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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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 wws0.board@maryland.gov

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
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<td>45</td>
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PDWIS (Water): ___________________________ NPDES (Wastewater): ___________________________

[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 wwsboard@maryland.gov
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<td>24</td>
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Facility / Plant Name

Class

PDWIS (Water) NPDES (Wastewater)

(OVER)
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ____________________________ Date: ____________________________

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

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

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

Operator Certification Number: 11036
Certification(s) shown below will expire on: 9/1/2022
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: ______

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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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ROY SELBY IV

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I. CERTIFICATES TO RENEW:
Certification Type | Category | Class | Training Units Required
TEMPORARY | WASTEWATER TREATMENT | 5 | 45
TEMPORARY | WASTEWATER TREATMENT | A | 24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ______________ Phone #: ______________

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

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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 ___________________________

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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JAMES C WILLIAMS

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

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

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

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SHANE ELLIOTT
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

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

II. CURRENT EMPLOYMENT INFORMATION
Employer's Name: Phone #:
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner
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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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DENNIS BARTHOLOMEW

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

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

II. CURRENT EMPLOYMENT INFORMATION
Employer's Name: Phone #:
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner
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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)

Operator Certification Number: 11041
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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

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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>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>
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Employer's Name: ___________________________ Phone #: ___________________________

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RAYMOND LAMBERT

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<tbody>
<tr>
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[OVER]

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

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>
<th>Certification Type</th>
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<th>Training Units Required</th>
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<td>WASTEWATER COLLECTION</td>
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<td>24</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: __________

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

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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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DAVID TOTH
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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

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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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Date 

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KERMIT BURKHOLDER

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Certification Type Category
TEMPORARY INDUSTRIAL WASTEWATER

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[OVER]
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Last 4 digits of Social Security Number _______ Email Address _______________________

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(OVER)
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwsoc.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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OLIVER CHUSA

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Facility / Plant Name: ____________________________

Class: ____________________________

PDWIS (Water): ____________________________

NPDES (Wastewater): ____________________________

Certification(s) shown below will expire on: 9/1/2022

The fee to renew these certifications: $50

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

Operator Certification Number: 11049

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

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

Class (591,645),(850,663)  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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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 e-mail in lieu of mail
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MICHAEL HALLMEN

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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: __________________________ Phone #: __________________________

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Facility / Plant Name __________________________ Class __________________________

PDWIS (Water) __________________________ NPDES (Wastewater) __________________________

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

(OVER)
III. CONTINUING EDUCATION:

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

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ANDREW FLICKENGER
Operator Certification Number: 11052
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

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Employer's Name: Phone #:

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

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RICHARD DUNCAN

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: 11053
Certification(s) shown below will expire on: 9/1/2022
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) ______

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

III. CONTINUING EDUCATION:

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

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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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MICHAEL A JONES

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PDWIS (Water) NPDES (Wastewater) __________________________________________

Facility / Plant Name ___________________________________________ Class ___________

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[OVER]

Operator Certification Number: 11054
Certification(s) shown below will expire on: 9/1/2022
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ANDREW KNOX

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

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JENNIFER MCINTYRE

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

I. CERTIFICATES TO RENEW:

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<tr>
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<th>Category</th>
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<th>Training Units Required</th>
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<tr>
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Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |

[OVER]
III. CONTINUING EDUCATION:

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KYE A HENDRICKSON

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KEVIN MICHAEL MARBURGER
Operator Certification Number: 11060
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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STACY M GOLDSTEIN

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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.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

• Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of $100 in addition to the renewal fee.

• Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is $150 and is additional to the renewal fee.

• Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.

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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.

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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

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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>
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<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) [ ]

[OVER]
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Applicant's Signature: __________________________ Date ______________

Last 4 digits of Social Security Number __________ Email Address __________________________

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WILLIAM BLACKWELL

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

Operator Certification Number: 11063
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____________________________ Phone #: _____________________________

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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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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PETER HOLDER

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<tr>
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<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>45</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________________________________________________________

Phone #: __________________________________________

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

I am employed by the Facility owner [ ]

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

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JACOB KELLY

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<table>
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<tr>
<th>I. CERTIFICATES TO RENEW:</th>
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<td>Certification Type:</td>
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<td>OPERATOR</td>
</tr>
<tr>
<td>OPERATOR</td>
</tr>
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PDWIS (Water): ___________________________ NPDES (Wastewater): ___________________________

Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $100

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[OVER]
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RANDY LATHERN

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</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
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</tr>
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</table>

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OVER)
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Operator Certification Number: 1317
Certification(s) shown below will expire on: 9/1/2022
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 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.

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
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   Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of $100 in addition to the renewal fee.
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I hereby affirm that I understand all information provided on this application. I also certify the following:

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

Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number __________ Email Address ___________________________

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

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

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ROBERT F TRIMBLE

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: 1425
 Certification(s) shown below will expire on: 9/1/2022
 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>4</td>
<td>30</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

I am employed by the Facility owner ☐ I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

<table>
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<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
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<tr>
<td></td>
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(_OVER)
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To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature: __________________________ Date: __________________________

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

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

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APPLICATION FOR CERTIFICATION RENEWAL
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CHRISTIN L. YIANNAKIS

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

______________________________
______________________________

I. CERTIFICATES TO RENEW:

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<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
</tbody>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: __________________________ Phone #: __________________________

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

I am employed by the Facility owner [ ]

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

Facility / Plant Name __________________________ Class [ ]

PDWIS (Water) [ ]

NPDES (Wastewater) [ ]

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ___________________________________________ Date __________________________

Last 4 digits of Social Security Number __________ Email Address ___________________________

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☐ 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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GEOFFREY V. GALLION

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: 1509
Certification(s) shown below will expire on: 9/1/2022
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:

Certification Type Category
OPERATOR WATER DISTRIBUTION

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________
Number of Facilities (or Plants) that you currently operate: ____________________________
I am employed by the Facility owner [ ]
I am currently not operating any Facility [ ]
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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_____________________

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

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

TIMOTHY W. LAMB, JR.

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.

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>30</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 [ ]
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PDWIS (Water) __________________________ NPDES (Wastewater) __________________________

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

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MILTON  EDWARDS

Operator Certification Number: 1624
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
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<th>Class</th>
<th>Training Units Required</th>
</tr>
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<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</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  [ ] I provide contractual services to the Facility [ ]

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PDWIS (Water) NPDES (Wastewater) ___________________________

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

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

Applicant's Signature: ________________________________ Date ________________________________

Last 4 digits of Social Security Number __________ Email Address ________________________________

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

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ROBERT E. CARLOCK

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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 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) | PDWIS (Water) | NPDES (Wastewater)

(OVER)
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<tbody>
<tr>
<td>OPERATOR</td>
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Employer's Name: ____________________________ Phone #: ____________________________

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

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[OVER]
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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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TERRY A. KEEMER

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<thead>
<tr>
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TERRI COOL
Certification(s) shown below will expire on: 9/1/2022
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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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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<td>30</td>
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<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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<td>16</td>
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I am employed by the Facility owner □
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MICHAEL GIBBONS

Operator Certification Number: 2317

Certification(s) shown below will expire on: 9/1/2022

The fee to renew these certifications: $50

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

---

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<table>
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<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>3</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 [ ]

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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 wws.board@maryland.gov
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DALMAR RUSHING

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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Type</td>
<td>Category</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</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 |

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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
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Employer's Name: ____________________________ Phone #: ____________________________

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

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MICHAEL B. EKANEM

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: [ ]

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

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

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Operator Certification Number: 2867
Certification(s) shown below will expire on: 9/1/2022
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.

MARCELLUS FIELDS

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number ___________ Email Address __________________________

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

This notice is provided pursuant to State Government Article, §10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and is subject to the Maryland Public Information Act. This form may be available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

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

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

Operator Certification Number: 2947
Certification(s) shown below will expire on: 9/1/2022
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 K. HODGKINS

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
4 30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

I provide contractual services to the Facility [ ]

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

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

________________________
________________________

________________________
________________________

(OVER)
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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RYAN ANDERSON

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
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<td>30</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 [ ]

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Facility / Plant Name: ___________________________ Class: _____

PDWIS (Water) [ ] NPDES (Wastewater) [ ]
III. CONTINUING EDUCATION:

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

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>5</td>
<td>24</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 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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DARA DORMAN

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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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ALLAN CURTIS WILLIAMS

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<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
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The fee to renew these certifications: $50
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

FRITZEN J ROYER

Operator Certification Number: 3085
Certification(s) shown below will expire on: 9/1/2022
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 employed by the Facility owner [ ]
I am currently not operating any Facility [ ]
I provide contractual services to the Facility [ ]

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

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

(OVER)
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
  - Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board’s website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT’S STATEMENT

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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

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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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VERNON MINOR

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
OPERATOR WATER TREATMENT

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: _______________________

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Class ___________ PDWIS (Water) ___________ NPDES (Wastewater) ___________

______________

[OVER]
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Last 4 digits of Social Security Number ___________ Email Address ____________________________

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DONALD JAMES RICHARDSON

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _______________________________ Phone #: _______________________________

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Applicant's Signature: ________________________________ Date ________________

Last 4 digits of Social Security Number __________ Email Address __________________________

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ANTHONY GOSHINE

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

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Employer's Name: ________________________________ Phone #: ________________________________

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(OVER)
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Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number __________ Email Address ____________________________

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SHAWN ALLEN BROWNING

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Employer's Name: ____________________________________________

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Class PDWIS (Water) NPDES (Wastewater)
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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:

Operator Certification Number: 3168
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

I am employed by the Facility owner
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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 *
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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WILLIAM C. PHILLIPS II

I. CERTIFICATES TO RENEW:
Certification Type Category Training Units Required
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)
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  Name and Certification Number of 
  Operator in Responsible Charge:

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BRIAN KING

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: 3232

Certification(s) shown below will expire on: 9/1/2022

The fee to renew these certifications: $50

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

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>wastewater 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 [ ]

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

(Over)
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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________________________ Email Address ___________________________

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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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ALLEN L HERMANN, JR.

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: 3730
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER 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 am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

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

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

(OVER)

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

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

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

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GEORGE N. BOHASKA

Operator Certification Number: 4591
Certification(s) shown below will expire on: 9/1/2022
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:

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

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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CARLTON SPEARS

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![Image](image.png)

**I. CERTIFICATES TO RENEW:**

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>24</td>
</tr>
</tbody>
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![Image](image.png)

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

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KENNETH VAN DUSEN

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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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
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<tr>
<td>OPERATOR</td>
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<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 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]
To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
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Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.

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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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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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<td>WATER TREATMENT</td>
<td>3</td>
<td>7</td>
</tr>
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(OVER)
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Last 4 digits of Social Security Number ___________ Email Address __________________________

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JOHN H WEIS

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

Operator Certification Number: 5478
Certification(s) shown below will expire on: 9/1/2022
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.

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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TERRY W SMALLWOOD

Operator Certification Number: 5925
Certification(s) shown below will expire on: 9/1/2022
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 am employed by the Facility owner □ I am currently not operating any Facility □ I provide contractual services to the Facility □

Facility / Plant Name

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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- 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 wwsos.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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CHRISTOPHER T FLANAGAN

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: 5932
Certification(s) shown below will expire on: 9/1/2022
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>2</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
</tr>
<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>
</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 [ ]

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

Facility / Plant Name: ___________________________ Class: _______

PDWIS (Water) NPDES (Wastewater)
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge: ______________________________

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DEANNA R WILLARD

Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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

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

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(OVER)
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SHAWN KOPCHINSKI

Operator Certification Number: 6092
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ________________________________ Phone #: ________________________________

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

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

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JOEL A. CASALS

Operator Certification Number: 6193
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

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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[OVER]
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SCOTT C. CROSS

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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Applicant's Signature: ___________________________ Date _______________

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

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

FREDERICK B MONATH
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>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

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 ____________________________

[OVER]
III. CONTINUING EDUCATION:

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

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- Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.
- Name and Certification Number of Operator in Responsible Charge:

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

Operator Certification Number: 7680

Certification(s) shown below will expire on: 9/1/2022

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>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>7</td>
</tr>
</tbody>
</table>

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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) |
----------------------|-------|---------------|--------------------|
----------------------|-------|---------------|--------------------|
----------------------|-------|---------------|--------------------|
----------------------|-------|---------------|--------------------|
----------------------|-------|---------------|--------------------|
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Last 4 digits of Social Security Number: ___________ Email Address: _______________________________

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Operator Certification Number: 7985 Certification(s) shown below will expire on: 9/1/2022 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>
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<td>5</td>
<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
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<td>24</td>
</tr>
<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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(OVER)
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WILLIAM R. BIDDLE
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>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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BRIAN C. LEWIS

Operator Certification Number: 8561

Certification(s) shown below will expire on: 9/1/2022

The fee to renew these certifications: $100

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<td>WASTEWATER COLLECTION</td>
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<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER DISTRIBUTION</td>
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____________________________________________

____________________________________________

____________________________________________

[OVER]
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David Crist
Certification(s) shown below will expire on: 9/1/2022
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<table>
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<tr>
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<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>1</td>
<td>7</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)
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Applicant's Signature: ______________________ Date ______________________

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wws.o.board@maryland.gov
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MICHAE L J. GUERCIO

Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $100

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<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>6</td>
<td>16</td>
</tr>
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<td>SUPERINTENDENT</td>
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PDWIS (Water)    NPDES (Wastewater) ____________________________

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(OVER)
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DAN PATTON, JR.

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<tbody>
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<td>WASTEWATER TREATMENT</td>
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<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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<td>16</td>
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[OVER]
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RICHARD O. HUMMER, II

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<tr>
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(OVER)
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ALBERT GENE MYERS

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Certification(s) shown below will expire on: 9/1/2022

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 □

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(OVER)
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HARRISON G. MONK, V.M.D.

Operator Certification Number: 8856
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DOUGLAS ERIC FORT

Operator Certification Number: 8865
Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 
Phone #: 

Number of Facilities (or Plants) that you currently operate: 
I am employed by the Facility owner 
I 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 wwo.comic.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
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PAUL J. ADAMS

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<tbody>
<tr>
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<td>WATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
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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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GEORGE R. FANTON, III

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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>6</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 ☐

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JEFFREY CARNELL

Certification(s) shown below will expire on: 9/1/2022
The fee to renew these certifications: $50

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DENNIS HARRIS

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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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