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.

MICHAEL ANTHONY MARINELLI

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

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.
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Name and Certification Number of Operator in Responsible Charge:

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

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<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>5</td>
<td>24</td>
</tr>
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</thead>
<tbody>
<tr>
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<td>WASTEWATER TREATMENT</td>
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Name and Certification Number of Operator in Responsible Charge: ________________________________

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JAMES C. MARSHALL

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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(Over)
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[OVER]
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Last 4 digits of Social Security Number: ___________ Email Address: ___________________________

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

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MARK ANTHONY RATLIFF

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<tbody>
<tr>
<td>OPERATOR</td>
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<td>5</td>
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<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
</tbody>
</table>

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Employer's Name: ________________ Phone #: ________________

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

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

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

Facility / Plant Name __________________________ Class __________________________

PDWIS (Water)    NPDES (Wastewater) __________________________
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JAY K. PAUGH

Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

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<tr>
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</thead>
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<td>SUPERINTENDENT</td>
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<td></td>
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<tbody>
<tr>
<td>TEMPORARY</td>
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<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
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<td>24</td>
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DALE WHITLEY

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<tbody>
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<td>WATER TREATMENT</td>
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<tr>
<td>OPERATOR</td>
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<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
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</tr>
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OLUTOYIN ADEDAPO

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: 10002
Certification(s) shown below will expire on: 10/1/2022
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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Facility / Plant Name

Class | PDWIS (Water) | NPDES (Wastewater)

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[OVER]
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V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of $100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is $150 and is additional to the renewal fee.
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Last 4 digits of Social Security Number __________ Email Address ______________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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STEVEN JUNIOR

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

I. CERTIFICATES TO RENEW:

Certification Type | Category
---|---
OPERATOR | WASTEWATER COLLECTION

Operator Certification Number: 10154
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

I am currently not operating any Facility ☐

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

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

(OVER)
III. CONTINUING EDUCATION:

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

Operator Certification Number: 10194
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100
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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: ___________________________
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[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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CHAD COX

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

Operator Certification Number: 10221
Certification(s) shown below will expire on: 10/1/2022
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): ___________

(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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SOLOMON QUANSAH

Certification(s) shown below will expire on:
10/1/2022
The fee to renew these certifications:
$50

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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.

SUPERINTENDENT WASTEWATER TREATMENT
SUPERINTENDENT WASTEWATER TREATMENT

I. CERTIFICATES TO RENEW:

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<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
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WILLIAM J. WEBER

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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.

JEFREY PYLE

Operator Certification Number: 1031
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number __________ Email Address ____________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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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>WATER TREATMENT</td>
<td>17</td>
</tr>
</tbody>
</table>

Operator Certification Number: 10321
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

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

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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:
Phone #:

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

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

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<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
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<tr>
<td></td>
<td></td>
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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 wwsr.board@maryland.gov

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

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

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Employer's Name: ___________________________ Phone #: ___________________________

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Facility / Plant Name: ___________________________ Class: ________

PDWIS (Water) ________ NPDES (Wastewater) ________
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PATRICIA WILLIAMS

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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>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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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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AYITE AMEGNIKIN

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<tr>
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<th>Category</th>
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<tbody>
<tr>
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<td>30</td>
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PDWIS (Water) ______ NPDES (Wastewater) ______

The fee to renew these certifications: $50

Certification(s) shown below will expire on: 10/1/2022

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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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MARK A. TAYLOR

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<th>Category</th>
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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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[OVER]
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APPLICATION FOR CERTIFICATION RENEWAL  
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<td>TEMPORARY</td>
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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 #:  

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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

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LAUREN ROBBINS NICHOLSON

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

________________________________________________________________________

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<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>16</td>
<td>1</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

- 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 ___________________________

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

Operator Certification Number: 10941

Certification(s) shown below will expire on: 10/1/2022

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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CAMPBELL  LONZELL

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:  Phone #:

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

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

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Name and Certification Number of
Operator in Responsible Charge:

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<tbody>
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</table>

II. CURRENT EMPLOYMENT INFORMATION

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

I am employed by the Facility owner [ ]
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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

---

(OVER)
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ERIC PETTerson

Operator Certification Number: 11068
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

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

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

I am employed by the Facility owner [ ]
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[OVER]
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LEVI BRADSHAW

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[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: ___________________________

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
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MARK HOMAYOUNI

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              Unknown

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

(OVER)
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JESSE B WALLS, III

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</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>4</td>
<td>45</td>
</tr>
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EDWARD HALL

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
</tr>
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwws.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MICHAEL STUBBLEFIELD

Certification(s) shown below will expire on: 10/1/2022
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>
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[OVER]

MDE/WMA/OPER (Revised 05/10/2021)  TTY Users 1-800-735-2258  wwwsso.board@maryland.gov
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<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
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<td>1</td>
<td>24</td>
</tr>
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Operator Certification Number: 11077
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

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[OVER]
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ANTHONY ORTIZ CEPEDA

Operator Certification Number: 11078
Certification(s) shown below will expire on: 10/1/2022
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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<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>1</td>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________
Phone #: ____________________________

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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Applicant's Signature: ___________________________ Date ________________

Last 4 digits of Social Security Number _________ Email Address __________________

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

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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 

Phone #:

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

I am employed by the Facility owner [ ]

I provide contractual services to the Facility [ ]

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

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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DAMON BRAXTON

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Employer's Name: ___________________________ Phone #: ___________________________

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I am employed by the Facility owner [ ]

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Facility / Plant Name ___________________________

Class __________________ PDWIS (Water) __________________ NPDES (Wastewater) __________________

(OVER)
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Last 4 digits of Social Security Number __________ Email Address __________

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GREGORY SHERMAN

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

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

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

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

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

Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)
APPLICATION FOR CERTIFICATION RENEWAL
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KATHY RUSHING

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Certification Type Category
TEMPORARY WASTEWATER COLLECTION

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

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Training Units Required
Class 2 24
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<td>45</td>
<td></td>
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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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WILLIAM FREEMAN

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<td>WASTEWATER TREATMENT</td>
<td>1</td>
<td>24</td>
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<tr>
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Employer's Name: ___________________________ Phone #: ___________________________

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

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

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PDWIS (Water) ___________________________ NPDES (Wastewater) ___________________________

(OVER)
III. CONTINUING EDUCATION:

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Facility / Plant Name: ____________________________ Class: ____________________________

PDWIS (Water) NPDES (Wastewater): ____________________________

The fee to renew these certifications: $50

Certification(s) shown below will expire on: 10/1/2022

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

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DAVID HARRIS

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JIMMY HIGDON

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Certification Type  Category
TEMPORARY WATER TREATMENT

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

I am employed by the Facility owner __________

I am currently not operating any Facility __________

I provide contractual services to the Facility __________

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

---

(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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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ARETHA M MAYFIELD

Operator Certification Number: 11090

Certification(s) shown below will expire on: 10/1/2022

The fee to renew these certifications: $50

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

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

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24</td>
</tr>
</tbody>
</table>

I. CERTIFICATES TO RENEW:

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

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ANTOINE M JOHNSON

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:                          Phone #:

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

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

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

OVER)
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Applicant's Signature: __________________________ Date __________________________

Last 4 digits of Social Security Number __________________________ Email Address __________________________

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TTY Users 1-800-735-2258
www.board.maryland.gov
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KYRO SAVOY

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

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

Operator Certification Number: 11093

Certification(s) shown below will expire on: 10/1/2022

The fee to renew these certifications: $50

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(OVER)

https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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Applicant's Signature: ___________________________ Date ___________________________

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

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GERALD HARVEY

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<tr>
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<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</td>
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The fee to renew these certifications: $50

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PDWIS (Water) ________ NPDES (Wastewater) ________

(OVER)
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DAVID MERTENS

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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)

11095

Certification(s) shown below will expire on: 10/1/2022

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[OVER]
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and attainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

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Applicant’s Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number __________ Email Address ____________________________

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

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

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

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

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

I. CERTIFICATES TO RENEW:

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

Employer's Name: ___________________________ Phone #: ___________________________

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

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

Facility / Plant Name ___________________________ Class ___________________________

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

Facility / Plant Name ___________________________ Class ___________________________

(OVER)

Operator Certification Number: 11096
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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 _______________________

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

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

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

I. CERTIFICATES TO RENEW:

Certification Type Category
TEMPORARY INDUSTRIAL WASTEWATER

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _______________________________ Phone #: _______________________________

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

I am currently not operating any Facility [ ]

I am employed by the Facility owner [ ]

I provide contractual services to the Facility [ ]

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

Facility / Plant Name _______________________________ Class _______________________________

PDWIS (Water) NPDES (Wastewater) _______________________________

Training Units Required

Certification(s) shown below will expire on: 10/1/2022

The fee to renew these certifications: $50

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

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Applicant's Signature: _____________________________ Date _____________________________

Last 4 digits of Social Security Number _________ Email Address _____________________________

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ERIC PETTerson

Certification(s) shown below will expire on: 

The fee to renew these certifications: 

I. CERTIFICATES TO RENEW:

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<tr>
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<tbody>
<tr>
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<td>INDUSTRIAL WASTEWATER</td>
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<td>0</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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Name and Certification Number of
Operator in Responsible Charge:

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CAREY BALL, II

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

| Certification(s) shown below will expire on: | 10/1/2022 |
| The fee to renew these certifications: | $50 |

I. CERTIFICATES TO RENEW:

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<tbody>
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<table>
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<tr>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24</td>
</tr>
</tbody>
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Employer's Name: [Insert name] Phone #: [Insert phone number]

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

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TIRRELL MORGAN

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Employer's Name: ____________________________     Phone #: ____________________________

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

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

TREVON SMITH

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

---

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Facility / Plant Name: ____________________________ Class: __________

PDWIS (Water)    NPDES (Wastewater)

---

[OVER]
III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature: __________________________ Date __________________________

Last 4 digits of Social Security Number ______ Email Address __________________________

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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CESAR BACHMANN

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

I. CERTIFICATES TO RENEW:

Certification Type Category
TEMPORARY WASTEWATER TREATMENT

Operator Certification Number: 11102
Certification(s) shown below will expire on: 10/1/2022
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)
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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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TRAYQUAN JONES

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<th>Class</th>
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</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
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</tr>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

I am employed by the Facility owner [ ]

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Facility / Plant Name: ____________________________

Class: _______ PDWIS (Water) _______ NPDES (Wastewater) _______

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

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

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Last 4 digits of Social Security Number __________ Email Address ___________________________

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KAREEM AARON

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 

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)
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JOSEPH PHILLIPS

Operator Certification Number: 11197
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100

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

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
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<td>45</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>24</td>
</tr>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>45</td>
</tr>
</tbody>
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Number of Facilities (or Plants) that you currently operate: ______
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Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

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<tr>
<th>Facility / Plant Name</th>
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(OVER)
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PATRICK MURPHY

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<tbody>
<tr>
<td>TEMPORARY WATER TREATMENT</td>
<td>WATER TREATMENT</td>
<td>1</td>
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I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

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Facility / Plant Name: ____________________________ Class: __________

PDWIS (Water): __________ NPDES (Wastewater): __________

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Operator Certification Number: 11323

Certification(s) shown below will expire on: 10/1/2022

The fee to renew these certifications: $50

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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

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

Last 4 digits of Social Security Number _________ Email Address ___________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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RODERICK BOULDEN

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ________________________________ Phone #: ________________________________

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

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

Facility / Plant Name ________________________________ Class __________

PDWIS (Water) __________ NPDES (Wastewater) __________

[OVER]
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge: ____________________________

V. LATE FEES AND REINSTATEMENT

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

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

Operator Certification Number: 1258
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

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

Training Units Required | Class
--- | ---
5 | 30

(OVER)
III. CONTINUING EDUCATION:

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

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

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I. CERTIFICATES TO RENEW:

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>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 provide contractual services to the Facility [ ]

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

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<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov

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

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: 1405
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

I am currently not operating any Facility ☐

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

<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
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(OVER)
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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JOE S. HORNSBY, JR.

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

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Operator Certification Number: 1435
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

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<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>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER COLLECTION</td>
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<td>16</td>
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Employer's Name: ___________________________ Phone #: ___________________________
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I am employed by the Facility owner [ ]
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[OVER]
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GEORGE S. KOHLIEBER

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<tbody>
<tr>
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<td>WATER TREATMENT</td>
<td>5RO</td>
<td>16</td>
</tr>
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I am employed by the Facility owner ☐

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(OVER)
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<tr>
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<td>WASTEWATER TREATMENT</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
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<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</td>
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</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
<td>4</td>
<td>24</td>
</tr>
</tbody>
</table>

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Employer's Name: 

Phone #: 

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CHRISTOPHER E. JONES

Operator Certification Number: 1615
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
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<td>30</td>
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DEREK R. WEIDE

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

KENNETH R. MONTGOMERY

Operator Certification Number: 1626
Certification(s) shown below will expire on: 10/1/2022
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

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

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

Facility / Plant Name __________
Class __________
PDWIS (Water) __________
NPDES (Wastewater) __________
III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related.
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number ___________ Email Address ____________________________

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

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STEVEN JOHN BAKER

Operator Certification Number: 1631
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100
Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

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

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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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Last 4 digits of Social Security Number __________ Email Address __________________________

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JAMES K. FULTON

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<tbody>
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<td>WATER TREATMENT</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>16</td>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

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

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---

**I. CERTIFICATES TO RENEW:**

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<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
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</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>2</td>
<td>0</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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<table>
<thead>
<tr>
<th>Facility / Plant Name</th>
<th>Class</th>
<th>PDWIS (Water)</th>
<th>NPDES (Wastewater)</th>
</tr>
</thead>
</table>

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number _______ Email Address ___________________________

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WILLIAM GARY SERMAN

Operator Certification Number: 1728
Certification(s) shown below will expire on: 10/1/2022
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.

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

SUPERINTENDENT WASTEWATER COLLECTION
SUPERINTENDENT WATER TREATMENT
SUPERINTENDENT WATER TREATMENT
SUPERINTENDENT WASTEWATER TREATMENT

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</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
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<tr>
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<td>WASTEWATER TREATMENT</td>
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<td>7</td>
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Facility / Plant Name                  Class    PDWIS (Water)    NPDES (Wastewater)

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

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Applicant's Signature: ___________________________ Date ________________

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JERRY L. BUTLER

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<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER COLLECTION</td>
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<td>24</td>
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Facility / Plant Name: Class  PDWIS (Water)  NPDES (Wastewater)

(OVER)
III. CONTINUING EDUCATION:

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ARTHUR JOHNSON

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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</tr>
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Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

I. CERTIFICATES TO RENEW:

Certification Type Category Training Units Required
OPERATOR WASTEWATER COLLECTION 2 16

II. CURRENT EMPLOYMENT INFORMATION

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

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 

Phone #: 

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

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Class 

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NPDES (Wastewater)
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RONALD C TURNER

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

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Employer's Name: ___________________________ Phone #: ___________________________

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

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(OVER)
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WILLIAM BEEMAN

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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ERIC VINCENT BROWN

Please enter you're 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>3</td>
<td>30</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwsboard@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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<td>WASTEWATER TREATMENT</td>
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<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
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Last 4 digits of Social Security Number ____________ Email Address ________________

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PRESTON EARL FULLER

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<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
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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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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwwso.board@maryland.gov
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WILLIAM E PICKERAL

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<tr>
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<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WASTEWATER COLLECTION</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 [ ]
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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): __________________________

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

Operator Certification Number: 2222
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

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

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

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Facility / Plant Name: __________________________ Class: __________________________
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(OVER)
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DEREK W BECKMAN

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<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
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STEPHEN E KNEPP, SR

Operator Certification Number: 2252
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100

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<tr>
<td>OPERATOR</td>
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<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
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<td>30</td>
</tr>
<tr>
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<td>WASTEWATER TREATMENT</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</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 [ ]

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DWAYNE M. WALKER

Object Certification Number: 2392

Certification(s) shown below will expire on: 10/1/2022

The fee to renew these certifications: $50

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

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

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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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</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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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number __________ Email Address ____________________________

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

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<tbody>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
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Operator Certification Number: 2438
Certification(s) shown below will expire on: 10/1/2022
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: __________
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Facility / Plant Name: ___________________________ Class: ________
PDWIS (Water): ________ NPDES (Wastewater): ________

(OVER)
APPLICATION FOR CERTIFICATION RENEWAL
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GARRETT SCHELLER

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<td>OPERATOR</td>
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SHEENA N. HOUSMAN

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PAUL G. SCHLOTHAUER

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

The fee to renew these certifications: $50

Certification(s) shown below will expire on: 10/1/2022

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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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   Name and Certification Number of Operator in Responsible Charge: ____________________________

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: ____________________________ Date ____________________________

Last 4 digits of Social Security Number ____________________________ Email Address ____________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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This is page one of a two page form. Both pages must be completed and returned. WALTER E GRIMES

Operator Certification Number: 2790
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100

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

I. CERTIFICATES TO RENEW:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
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<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>30</td>
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<tr>
<td>OPERATOR</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>16</td>
</tr>
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</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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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 www.board.maryland.gov
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BENJAMIN BRANDENBERG

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

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ________________________ Phone #: ________________________

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

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

I am currently not operating any Facility [ ]

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

Facility / Plant Name: ________________________

Class PDWIS (Water) NPDES (Wastewater)

Please enter your Operator Certification Number: 2888

Certification(s) shown below will expire on: 10/1/2022

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.

(OVER)
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge: __________________________________________

V. LATE FEES AND REINSTATEMENT

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JAMES C. ROBEY

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: 2930
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

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

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I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR 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 [ ]
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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OVER)
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GLENN S. HOBACK
Operator Certification Number: 2990
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<tbody>
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<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
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<td>45</td>
</tr>
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<td>TEMPORARY</td>
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<td>24</td>
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Facility / Plant Name                  Class PDWIS (Water) NPDES (Wastewater)
_____________________________________   __________________________   __________________________
_____________________________________   __________________________   __________________________
_____________________________________   __________________________   __________________________
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TEMPORARY WASTEWATER TREATMENT
TEMPORARY WASTEWATER TREATMENT

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ANTHONY A. PHILLIPS

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<td>TREATMENT</td>
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<td>16</td>
</tr>
<tr>
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<td>TREATMENT</td>
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Facility / Plant Name _____________________________ Class ________ PDWIS (Water) ________ NPDES (Wastewater) ________
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Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________ Email Address ___________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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

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MATTHEW SLAPPO

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

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<thead>
<tr>
<th>Certification Type</th>
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<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>24</td>
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</table>

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Employer's Name: ___________________________  Phone #: ___________________________

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

I am employed by the Facility owner [ ]
I am currently not operating any Facility [ ]
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Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name ___________________________  Class ___________________________

PDWIS (Water)  NPDES (Wastewater)

[OVER]
III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge: 

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number _______ Email Address ________________________

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 emial in lieu of mail

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

Operator Certification Number: 3043
Certification(s) shown below will expire on: 10/1/2022
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>
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<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER DISTRIBUTION</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>7</td>
</tr>
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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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Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

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

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

SUPERINTENDENT WATER DISTRIBUTION
SUPERINTENDENT WASTEWATER COLLECTION

[OVER]
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JAMES SHAHAN

Operator Certification Number: 3136
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100

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

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<thead>
<tr>
<th>Certification Type</th>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 
Phone #: 

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

I am currently not operating any Facility  
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[OVER]
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JAWAN MONQUE GOLPHIN

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

I. CERTIFICATES TO RENEW:

Certification Type | Category | Class | Training Units Required
----- | ---- | ---- | -----------------
OPERATOR | WASTEWATER TREATMENT | A | 16
TEMPORARY | WASTEWATER TREATMENT | 5 | 45

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PDWIS (Water) NPDES (Wastewater)

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COREY BURNS

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

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

Operator Certification Number: 3162

Certification(s) shown below will expire on: 10/1/2022

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

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

I am employed by the Facility owner
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Applicant's Signature: __________________________ Date __________________________

Last 4 digits of Social Security Number _________ Email Address __________________________

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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
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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EZRA SMITH

Operator Certification Number: 3175
Certification(s) shown below will expire on: 10/1/2022
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>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>24</td>
</tr>
</tbody>
</table>

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________________________________________________________________________________________
Phone #: ________________________________________________________________________________________________________________

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator In Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number __________ Email Address ____________________

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SAMANTHA CREGGER

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: 3265
Certification(s) shown below will expire on: 10/1/2022
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 provide contractual services to the Facility [ ]

I am currently not operating any Facility [ ]

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

Facility / Plant Name: ____________________________ Class: _______ PDWIS (Water) NPDES (Wastewater): _______
III. CONTINUING EDUCATION:

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V. LATE FEES AND REINSTATEMENT

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CORY JACKSON

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

I. CERTIFICATES TO RENEW:

Certification Type | Category
-----------------|----------------
TEMPORARY        | WATER DISTRIBUTION

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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Facility / Plant Name

Class | PDWIS (Water) | NPDES (Wastewater)

[OVER]
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SOPHIA OBERTON

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<th>Category</th>
<th>Class</th>
<th>Training Units Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATOR</td>
<td>WATER TREATMENT</td>
<td>4</td>
<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)
----------------------|-------|---------------|-------------------

(MORE)
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RUSSELL F FADER

Operator Certification Number: 3573

Certification(s) shown below will expire on: 10/1/2022

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.

OPERATOR

WASTEWATER COLLECTION

I. CERTIFICATES TO RENEW:

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

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Employer's Name: ___________________________ Phone #: ___________________________

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

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Facility / Plant Name: ___________________________ Class: ___________________________

PDWIS (Water): ___________________________ NPDES (Wastewater): ___________________________

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(OVER)
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RANNOALD J BROADWATER

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

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

(OVER)
III. CONTINUING EDUCATION:

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Last 4 digits of Social Security Number ________ Email Address ______________________________

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
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 wwsd.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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<td>16</td>
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Facility / Plant Name: _____________________________ Class: ___________ PDWIS (Water) ___________ NPDES (Wastewater) ___________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

[OVER]

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
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APPLICATION FOR CERTIFICATION RENEWAL
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RON BASSETT

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

Certification(s) shown below will expire on: 10/1/2022

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.

OVER)
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I consent to receive my certificate(s) by email in lieu of mail
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DALLAS K JOHNS

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JASON LOCKLEAR

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Employer's Name: ___________________________ Phone #: ___________________________

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RONALD MCNAIR

Operator Certification Number: 4312
Certification(s) shown below will expire on: 10/1/2022
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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<tr>
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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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JOHN M C MILLER

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

Operator Certification Number: 4485
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100

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</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</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>
<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:

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

Name and Certification Number of Operator in Responsible Charge: ____________________________________________

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number ___________ Email Address ___________________________

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

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

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: 4499
Certification(s) shown below will expire on: 10/1/2022
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

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

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

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

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CHARLES E. DENNIS

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<thead>
<tr>
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<th>Category</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>

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 LANCRAFT

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:

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Category</th>
<th>Operator Certification Number: 4538</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORARY</td>
<td>WATER TREATMENT</td>
<td></td>
</tr>
</tbody>
</table>

The fee to renew these certifications: $50

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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: __________________________ Phone #: __________________________

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

I am employed by the Facility owner [ ]
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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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JOSEPH T. GOODWIN

[Operator Certification Number: 4610]

Certification(s) shown below will expire on: 10/1/2022

The fee to renew these certifications: $50

Operator Certification Number: 4610

Certification(s) shown below will expire on: 10/1/2022

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<th>Category</th>
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<tr>
<td>OPERATOR</td>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ____________________________ Phone #: ____________________________

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

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

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(Over)
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CLIFTON W. WELLER, IV

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

I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR INDUSTRIAL WASTEWATER

II. CURRENT EMPLOYMENT INFORMATION

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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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 www.so.board@maryland.gov
https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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THOMAS C RAWLINGS III

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>
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<tr>
<th>Certification Type</th>
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Employer's Name: ________________________________ Phone #: ________________________________

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

Class  PDWIS (Water)  NPDES (Wastewater)

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[OVER]
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CHRISTOPHER GEORGE KROUT

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

I. CERTIFICATES TO RENEW:

Certification Type Category
OPERATOR 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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Robert J Lancaster

Operator Certification Number: 6528
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100

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II. CURRENT EMPLOYMENT INFORMATION

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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TIMOTHY S. SMITH

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

| Operator Certification Number: | 6698 |
| Certification(s) shown below will expire on: | 10/1/2022 |
| The fee to renew these certifications: | $100 |
| Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. |

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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: 
Phone #: 

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

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JAMES K. DEGRANGE

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<td>TEMPORARY</td>
<td>WASTEWATER TREATMENT</td>
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<td>45</td>
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: ___________________________ Phone #: ___________________________

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

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

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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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JOSEPH LEE JAMES

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: 7138

Certification(s) shown below will expire on: 10/1/2022

The fee to renew these certifications: $100

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Employer's Name: ___________________________ Phone #: ___________________________

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(OVER)
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ROGER HALL

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<td>OPERATOR</td>
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BRANDON D. GRIFFITH

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

OPERATION CERTIFICATES TO RENEW:
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $100
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PDWIS (Water) NPDES (Wastewater)

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

I consent to receive my certificate(s) by 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. Operator Certification Number: 7838

RONNIE WELCH, JR.

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[OVER]
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258 wwso.board@maryland.gov
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<td>WASTEWATER TREATMENT</td>
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RANDALL C. FISHER

Operator Certification Number: 8551

Certification(s) shown below will expire on: 10/1/2022

The fee to renew these certifications: $100

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

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

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

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EDWARD JESSE BLOUSE, JR.

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<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 #: ___________________________

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

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

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Facility / Plant Name ___________________________ Class ___________________________

PDWIS (Water) ___________________________ NPDES (Wastewater) ___________________________
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THERESA ROCHELLE TUCKER

Operator Certification Number: 8850
Certification(s) shown below will expire on: 10/1/2022
The fee to renew these certifications: $50

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

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<td>30</td>
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Facility / Plant Name

Class
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(OVER)
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KEITH DAYWALT

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</tr>
<tr>
<td>OPERATOR</td>
<td>INDUSTRIAL WASTEWATER 6</td>
<td>6</td>
<td>16</td>
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CAMELE WINKLER

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<td>---------------------</td>
</tr>
<tr>
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<td>WASTEWATER TREATMENT</td>
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Applicant's Signature: ___________________________ Date: ______________________

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

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

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.

CURTIS L. DICKERSON

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

II. CURRENT EMPLOYMENT INFORMATION

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

I am employed by the Facility owner [ ]
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.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: ___________________________ Date ___________________________

Last 4 digits of Social Security Number ___________ Email Address ___________________________

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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx
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WILLIAM ARTHUR SHREVE, 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>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>A</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER COLLECTION</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WATER TREATMENT</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>WASTEWATER TREATMENT</td>
<td>5</td>
<td>7</td>
</tr>
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Employer's Name: ____________________________ Phone #: ____________________________

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

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<tbody>
<tr>
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[OVER]

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Name and Certification Number of Operator in Responsible Charge: ________________________________

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