



Water, Wastewater and Well Contractor Certification

Program Information:

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website address: <http://programs.iowadnr.gov/opcertweb/>

Iowa Department of Natural Resources

Continuing Education Reporting Form

IDNR Class Schedule # _____

(If applicable)

Training Information

Training Title: _____ Date of Training: _____

Training Location: _____

Instructor or Conference Sponsor: _____

Operator Information

All information must be legible or credit will not be given

FIRST NAME: _____

LAST NAME: _____

IDNR 4-Digit Operator ID # _____

Phone Number: _____

Check if ID# not assigned

Place of Employment: _____

Hours

To what certificate do you want your hours applied? Indicate hours on lines below.
(If splitting of hours is **allowed** for this training and applicable, please indicate the correct amount for each category.) All hours will be verified by the IDNR.

_____ hrs. Water Distribution

_____ hrs. Wastewater/Wastewater Lagoon

_____ hrs. Water Treatment

_____ hrs. Well Contractor

_____ hrs. Time of Transfer

Total # of hours earned: _____

- Return completed form at end of training to receive credit.
- All credit hours are subject to IDNR verification.
- To look up your continuing education status on website:
<http://programs.iowadnr.gov/opcertweb/>