



**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/>