



SCIENTIFIC CONTROL LABORATORIES, INC.  
TESTING • CONSULTING

Fill out and email to  
[info@sclweb.com](mailto:info@sclweb.com) or fax back to  
773-254-6661

## IEPA CLASS "K" INDUSTRIAL WASTEWATER OPERATOR'S LICENSE PREPARATION COURSE

The Illinois Environmental Protection Agency (IEPA) requires that all companies treating their industrial wastewater have a "Class K" Certified Operator for that site's treatment works (Title 35, Subtitle C, Chapt.II, Part 360). The course offered by SCL is designed to provide the operator with the information that is necessary to operate a wastewater treatment system and prepare the operator for the certification by the IEPA. Register early! Class size is limited to 16 students. Call 773-254-2406 for more information.

- COURSE DATE:**                       **Tues. Mar. 25, 2014**  
 **Tues. Jun. 24, 2014**  
 **Tues. Sep. 30, 2014**
- TIME:**                                      8:15-8:30 a.m. Check-In and Continental Breakfast  
8:30-3:00 p.m. Wastewater Course (includes lunch)
- LOCATION:**                                Scientific Control Laboratories, Inc.  
3158 S. Kolin Avenue  
Chicago, IL 60623  
773-254-2406  
(See enclosed map)
- ITEMS TO BRING:**                      Pen/Pencil, Calculator, Diagram & Descriptions of Treatment System (A complete study book, including a practice exam, will be provided).
- COST:**                                      \$295 (for AESF, CMFI and/or TMA Members - ***individual must be a member***)  
\$350 for non-members
- TEST DATES/LOCATION:**                See Enclosed IEPA Exam Schedule
- CANCELLATION POLICY:**              ***NO refunds if registration is not cancelled within 24 hours. Registration is transferable to another date.***

**COURSE REGISTRATION:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PAYMENT ENCLOSED:**

Check # \_\_\_\_\_                       P.O.# (current customers only) \_\_\_\_\_

***Check payable to Scientific Control Laboratories, Inc.***

Credit Card (MC/VISA/AMEX)

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Cardholder City/State/Zip \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_