



# LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102

Howell, Michigan 48843-7578

(517) 546-9850

[www.lchd.org](http://www.lchd.org)

## PERSONAL/PREVENTIVE HEALTH SERVICES

P: (517) 546-9850

F: (517) 546-6995

## ENVIRONMENTAL HEALTH SERVICES

P: (517) 546-9858

F: (517) 546-9853

## Certified Operation Certification Training

The Livingston County Health Department is offering Certified Operator Training Courses including course pack and guidance requirement information for community and Non-Community Public Water Supply Systems. This training course is certified by the State of Michigan to provide training to those Certified Operators who need Continuing Education Credits (CEC's) to fulfill their training obligations.

### REQUEST TO ATTEND

<b>Public Water Supply: Back to Basics</b>	<b>Ground Water and Basic Well Construction</b>
<b>Module #6</b>	<b>Module #7</b>
<b>Wednesday November 1, 2017</b>	<b>Wednesday February 7, 2018</b>

Location: Livingston County Health Department  
Environmental Health  
2300 E. Grand River, Suite 102  
Howell, MI 48843-7578

Attn: John A. Wilson, II  
[jwilson@livgov.com](mailto:jwilson@livgov.com)  
Phone: (517) 546-6858  
Fax: (517) 546-9853

Note: All classes are from 9 am to 12 noon. Confirmation of commitment is required by 12 pm the Friday prior to each training session.

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Cost: \$75.00 per person per class (includes course packs, training information and CEC certificates)

Certified Operator Name: \_\_\_\_\_

I.D.# \_\_\_\_\_

Facility: \_\_\_\_\_

WSSN: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

\_\_\_\_\_ Cash \_\_\_\_\_

Check – Payable to LCHD

\_\_\_\_\_ Visa or Master Card Accepted

Receipt #: \_\_\_\_\_



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**ADMINISTRATION**

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## CREDIT CARD AUTHORIZATION

If you desire the convenience of charging payments with your MASTERCARD or VISA, simply fill out all the information below. Upon approval, we will then process your MASTERCARD or VISA credit card for amount(s) due and your total charges will appear on your card's monthly statement. You must fill out one of these authorization forms *each time* you wish to charge for services at the Livingston County Health Department - Environmental Health Division, and return it by mail or by fax. PLEASE PRINT CLEARLY (except for your signature).

Name on MASTERCARD or VISA (exactly as printed) \_\_\_\_\_

Billing address of credit card holder (Street, Apt#) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

MASTERCARD or VISA Number & V-Code # \_\_\_\_\_ V-Code \_\_\_\_\_

(V-Code is the last three digits on reverse side of card)

Expiration Date \_\_\_\_\_ MASTERCARD  VISA

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Daytime Pager/Cell Number \_\_\_\_\_

Fax Number \_\_\_\_\_

I authorize Livingston County Health Department to process charge(s) on my MASTERCARD/VISA listed above as specified below:

Payment In The Amount Of \_\_\_\_\_

Address Of Project \_\_\_\_\_

Township \_\_\_\_\_

Permit Holder's Name \_\_\_\_\_

Fee Type: Permit Application  Re-inspection Fee (Permit # \_\_\_\_\_)  Other Fee

(Please explain other fee:) \_\_\_\_\_

***INCOMPLETE CREDIT CARD INFORMATION:*** If any necessary information is missing (or if the transaction is invalid for any reason), a representative of the Livingston County Health Department will contact the sender as soon as possible. If the sender cannot be contacted, nothing will be processed until the required information can be gathered.