



LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102

Howell, Michigan 48843-7578

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

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

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
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.

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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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.