



Good Life. Great Resources.

DEPT. OF WATER, ENERGY, AND ENVIRONMENT

## Sampling Training for Individuals Other Than Licensed Operators

PWS System or Community Name: \_\_\_\_\_

Name of person taking samples: \_\_\_\_\_

Parameter(s) sampled routinely by the above person:

\_\_\_\_\_

Trainer and Title: \_\_\_\_\_

Training material used: \_\_\_\_\_

Handouts given to the above person:

\_\_\_\_\_

I certify that on \_\_\_\_\_, I personally provided the necessary sampling training to assure quality  
(Date)  
data and approve the above person as qualified to perform the above tasks.

X \_\_\_\_\_  
(Signature of Trainer) (Certification Number)

I certify that I did receive said training and I do so understand how to properly sample the above parameters. If I am replaced or if I do not personally perform the above sampling tasks, I will inform the Nebraska Department of Water, Environment, and Energy Drinking Water Division, Field Services program manager at (402) 471-0521 immediately.

X \_\_\_\_\_  
(Signature of Approved Sampling Person)

Acknowledged by System Operator in Charge:

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Keep a copy for your records and submit original to DWEE at [dwec.ecmupload@nebraska.gov](mailto:dwec.ecmupload@nebraska.gov).