

OREGON ASSOCIATION OF WATER UTILITIES

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WASTEWATER (WWT/WWC) CERTIFICATION REVIEW

ARE YOU READY FOR THE UPCOMING MARCH 26TH EXAM!
State Test application deadline is FEBRUARY 1ST

Date: March 10-11, 2010

Location: City of Central Point
Rogue Valley Sewer Services
138 West Vilas Rd.
Central Point, OR 97502

Contact the OAWU office at 503-873-8353 for a map to location or enter the address online using your choice of map locator web site

Class attendance maximum is 20

Lodging: Please contact OAWU for lodging options

Time: 8:00 AM to 4:30 PM Lunch from 12:00-1:00 (on your own)

Cost: Member Benefit Discount Fee: \$215.00
*Non-member Registration Fee: \$290.00
*Each non-member individual who attends will receive a one-year OAWU Individual Membership

CEUs: 1.4 Total Wastewater CEUs (0.1 CEUs for each hour) Wastewater CEUs / ESAC #: 1711
0.5 Total Water CEUs for full 14 hours of attendance Water CEUs / ESAC # 1711

Instructor: David Branham, OAWU Wastewater Technician

Course Description: This course will provide specific information needed to help prepare you for the wastewater treatment/collection certification exams. A practice exam with answers will be provided to each attendee. Some of the topics to be reviewed include: pretreatment, trickling filters, RBC, basic activated sludge, lagoons, wastewater disinfection, sludge digestion, solids handling, and lab procedures. **BRING A CALCULATOR.**

REGISTRATION POLICY: OAWU reserves the right to cancel this class 7 days prior to class date for lack of registrations. **NO REFUNDS** will be issued and **REGISTRANTS WILL BE BILLED** who fail to attend and do not give a 7 days prior notice.

CONFIRMATION POLICY: Please keep a copy of your registration form as confirmation or you may contact OAWU to confirm receipt of your registration.

OAWU Pre-Registration Form

Wastewater Treatment/Collections Certification Review – **March 10-11, 2010** - Central Point, OR

WEB

Name: _____ WW Cert. # _____ Water Cert. # _____ Position: _____

Name: _____ WW Cert. # _____ Water Cert. # _____ Position: _____

City/System Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ System E-mail: _____

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Payment Enclosed P.O. # _____ Please Bill Please charge: Visa MasterCard AMEX

Card # _____ Card Expiration: _____

Card billing address (Street # or PO Box #) _____ Zip _____

Fax receipt to fax # _____ Mail receipt to _____

Name of card: _____ Card Holder's Signature: _____

Please return this form to OAWU: PO Box 857, Silverton, OR 97381 or Fax: (503) 873-8538