

OREGON ASSOCIATION OF WATER UTILITIES

935 N. Main Street, Independence, OR 97351 ♦ Phone: (503) 837-1212 ♦ Fax: (503) 837-1213 ♦ www.oawu.net

Small Water System Training Course

If your **ground water system is 150 connections or less** and is required to have a certified Small Groundwater operator this is the **OHA-DWP** required course for initial certification or re-certification.

Date:	<u>January 19, 2012</u>	<u>February 8, 2012</u>	<u>February 22, 2012</u>
Location:	Eagle Point City Hall Ashpole Community Center 17 Buchanan Ave South Eagle Point, OR 97524	Linn Benton Community College Fireside Room –CC211 6500 Pacific Blvd. SW Albany, OR 97321	Marion County Public Works Willamette & Santiam Room 5155 Silverton Rd. NE Salem, OR 97305

EACH CLASS HAS A 40 MAXIMUM ATTENDANCE

Time: 9:00 a.m. – 4:00 p.m. Lunch 12-1 on your own Please contact OAWU at (503) 837-1212 for a map to location or enter address online using your choice of a map locator web site.

Cost: **NO CHARGE**

CEUs: 0.1 CEUs for each hour (0.6 total water CEUs) Water CEUs/ESAC: #1820

0.1 CEUs for each hour (0.3 total wastewater for full 6 hours of attendance) Wastewater CEUs/ESAC: #1820

Course Description: This one-day course will cover the basics of water system operation including waterborne pathogens, water treatment, water sampling and maintenance. In addition, a review of the Safe Drinking Water Act Amendments, the State Revolving Loan Fund, as well as water system security issues. Review of technical, managerial and financial needs of a small system.

Instructors: Tim Tice, OAWU

REGISTRATION POLICY: If you register and cannot attend this class, please contact OAWU at 503-837-1212 as soon as possible.

CONFIRMATION POLICY: Please make a copy of your registration as confirmation or contact OAWU at (503) 837-1212 to request confirmation.

OAWU Pre-Registration Form - Small Water System Training Course

WEB

Please choose location to attend: Eagle Point– 1/19/2012 Albany – 2/8/2012 Salem – 2/22/2012

Name _____ W Cert. # _____ / _____ WW Cert. # _____ / _____

Name _____ W Cert. # _____ / _____ WW Cert. # _____ / _____

Name _____ W Cert. # _____ / _____ WW Cert. # _____ / _____

System Name _____ Public Water System ID# 41- _____

Address _____ City _____ State _____ Zip _____

Phone _____ System E-mail _____

Please return completed form to OAWU:

**935 N. Main St.
Independence, OR 97351**

OR

Fax: (503) 837-1213