

OREGON ASSOCIATION OF WATER UTILITIES

PO Box 857, Silverton, OR 97381 ♦ Phone: (503) 873-8353 ♦ Fax: (503) 873-8538 ♦ www.oawu.net

New Class: Filter Maintenance

Date: May 11, 2010

Location: City of Grants Pass
City Hall, Council Chambers
101 NW A St.
Grants Pass, OR 97526

Please enter address online using your choice of map locator web site or contact OAWU at (503) 873-8353 for a map to location.

Time: 8:00 am – 3:00 pm Lunch 12-1 (on your own)

Cost: **NO CHARGE**

CEUs: 0.6 Total Water CEUs (0.1 CEUs for each hour) - ESAC #: 1886

0.2 Total Wastewater CEUs for full 6 hours of attendance - ESAC # 1886

Description: Filter Maintenance is critical to the health and longevity of any filter used for the purpose of filtering domestic water. The filter maintenance class has been created from 33 years of experience of filtration plant operations. The class is designed to show the do's and don'ts of the operation of a filter plant. This presentation will include such elements as chemical dosage, proper filter backwash, disinfection math, proper disposal of backwash water, filter to waste, SCADA, bench sheets, head loss and more. Operators from systems with package plants, direct filtration and conventional plants could all benefit from this course.

Instructor: Bruce Hemenway, OAWU and Darrel Lockard, City of Rainier

REGISTRATION POLICY: OAWU reserves the right to cancel this class 7 days prior to class date for lack of registrations. If you register and cannot attend this class, please contact OAWU as soon as possible. These free classes are in demand and the waiting list can become quite long. Thank you.

CONFIRMATION POLICY: Please make a copy of your registration form to keep as confirmation or contact OAWU at (503) 873-8353 to request confirmation.

!!Join OAWU for the 32nd Annual Management & Technical Conference-March 1-5, 2010-Sunriver, OR!!

OAWU Pre-Registration Form: Filter Maintenance – Grants Pass, OR – May 11, 2010

WEB

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

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

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

Employer Name: _____ Job Title: _____

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

Phone: _____ System E-mail: _____

**Please return completed form to OAWU: PO Box 857
Silverton, OR 97381
FAX: (503) 873-8538**

