

OREGON ASSOCIATION OF WATER UTILITIES

P.O. Box 857, 12312 Silverton Rd. NE, Silverton, OR 97381
Phone: (503) 873-8353 ♦ Fax: (503) 873-8538 ♦ 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 **DHS-DWP** required course for initial certification or re-certification.

Date:	<u>August 12, 2010</u>	<u>August 17, 2010</u>	<u>August 23, 2010</u>
Location:	Eagle Point City Hall Ashpole Community Center 17 Buchanan Ave. S. Eagle Point, OR 97524	Deschutes Service Bldg. DeArmond Room 1300 NW Wall St. Bend, OR 97701	City of Seaside Convention Center 415 First Ave. Seaside, OR 97318

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

EACH CLASS HAS A 40 MAXIMUM ATTENDANCE

Time: 9:00 a.m. – 4:00 p.m. Lunch 12-1 on your own

Cost: **NO CHARGE**

CEUs: 0.1 CEUs for each hour (0.6 total for class) Water 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: Jason Green & Tim Tice, OAWU

REGISTRATION POLICY: If you register and cannot attend this class, please contact OAWU at 503-873-8353 as soon as possible.

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

OAWU Pre-Registration Form - Small Water System Training Course

Please choose location to attend: **Eagle Point** – 8/12/2010 **Bend** – 8/17/2010 **Seaside** – 8/23/2010 WEB

Name: _____ Water Operator Cert. #: _____ Position/Title: _____

Name: _____ Water Operator Cert. #: _____ Position/Title: _____

System Name: _____

Public Water System ID#: 41- _____ Number of system connections _____

System Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ System E-mail: _____

Please return completed form to OAWU:

**PO Box 857,
Silverton, OR 97381 or
FAX: (503) 873-8538**

