

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: **July 15, 2010** **July 30, 2010**
Location: Shilo Inn-Newport Klamath Falls City Hall
Pacific 1 Room Council Chambers
536 SW Elizabeth St. 500 Klamath Ave.
Newport, OR 97365 Klamath Falls, OR 97601

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

WEB

Please choose location to attend: **Newport**– 7/15/2010 **Klamath Falls** –7/30/2010

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**

