

MILFORD REGIONAL WORKSHOP

*One-Day Training Event
(6.0 Total Contact Hours)*

**Tuesday
June 12, 2018**

Held At:

Milford WWTP
100 Bay Road
Milford, Ohio 45150

"Ohio's Environmental Training Center"



Since 1964

Operator Training Committee Of Ohio

3972 Indianola Avenue
Columbus, OH 43214
(614) 268-6826 Phone
(614) 268-3244 Fax

www.otco.org

OPERATOR TRAINING COMMITTEE OF OHIO, INC.
3972 Indianola Avenue
Columbus, OH 43214-3158

REGISTRATION

Registration Fee: \$150

Registration fees include refreshments, lunch, handouts, and tracking of attendee's training records in the OTCO Student Transcript web site.

To register for this event, send your completed registration form by mail, fax, or email to OTCO by June 5, 2018. Once your registration is processed, an email or fax confirmation is forwarded.

PAYMENTS

Payment for this event can be made by check, or credit card. In order to invoice your company, a Purchase Order must accompany registrations.

CANCELLATIONS

Cancellations received in writing 5 days before the event will receive a full refund. Cancellations made five days – 24 hours before the event are subject to \$25 per day service charge. Substitutions are permitted; however, NO REFUND FOR THOSE WHO REGISTER AND FAIL TO ATTEND.

FUTURE TRAINING EVENTS 2018

Regional Training Workshop

Uhrichsville – July 11, 2018

Elyria – August 15, 2018

Wooster – September 12, 2018

Jefferson – September 19 & 20, 2018

OTCO Annul Workshops

Class III/IV Workshop – July 25 & 26, 2018

Compliance Workshop – Oct. 2 & 3, 2018

Water Distributions – November 13 & 14

Procrastinators Workshop – Dec. 4 & 5, 2018

Milford Regional Workshop

June 12, 2018

Agenda

- 7:30am Registration and Coffee
- 7:50am Welcome, Update & Introduction
- 8:00am OTCO's New Tabletop
Contingency Planning for Regional
Delivery
Patrick Antonelli, OTCO
OTCO-B13028 -OM (1.0 hr)
- 9:00am How to Take Advantage of Real
Time Monitoring
Brandon Leeth
Henry P. Thompson Company
OTCO-B13117-OM (1.0hr)
- 10:00am Break
- 10:15am Corrosion Control for Water and
Wastewater Systems
Jim Lary, Corrpro
OTCO-B12581-OM (1.0 hr)
- 11:15am Lunch (Provided)
- 12:00pm Products Derived from Water &
Wastewater Treatment
Mike Maringer Quasar
OTCO-B13026-OM (1.0 hr)
- 1:00pm Break
- 1:15pm Hillsboro WWTP Upgrade: From
an Operators Perspective
Brandon Leeth,
Henry P. Thompson Company
OTCO-S13118 -OM (1.0 hr)
- 2:15pm Work Place Security
Patrick Antonelli, OTCO
OTCO-B12625-X (1.0 hr)
- 3:15pm Adjourn

WORKSHOP OVERVIEW

Attendees will be presented with information concerning facility contingency planning, real time facility monitoring to cut back on chemical usage, corrosion control, wastewater going green, the Hillsboro Ohio Wastewater Treatment Plant upgrade, and facility security.

WHO SHOULD ATTEND

The Regional Training is designed for managers, superintendents, wastewater and collection system operators, inspectors, and engineers who are interested in hearing about what is new in the water and wastewater field.

LOCATION

Milford Wastewater Treatment Plant
100 Bay Road
Milford, Ohio 45150

CONTACT HOURS

Total contact hours: 6.0

For those water operators who need 2 contact hours to make 6 for the day, OTCO will assist you in obtaining them.

Contact Hours from this training event will be included in the attendee's official transcript page, located at:

<https://www.otco.org/student-transcript.html>

You will need your OTCO Student ID and PIN to access your data. Your OTCO transcript form can be used to renew your certificate EVEN if you are audited by the Ohio EPA.

OTCO REGISTRATION FORM

Milford Regional Workshop June 12, 2018

REGISTRATION FEE: \$150

OTCO STUDENT ID #:	
FIRST NAME	
LAST NAME	
TITLE	
EMPLOYER	
ADDRESS (1)	
ADDRESS (2)	
CITY	
STATE	ZIP
BUS. TELEPHONE () - ext	
FAX () - (for confirmations)	
EMAIL ADDRESS	
Please check & initial if the above information needs to be updated in the OTCO Training Tracking System. <input type="checkbox"/>	
CHECK/MONEY ORDER #	
P.O. #	
<input type="checkbox"/> Please invoice my company	
Charge to my credit card account: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Billing Zip Code (For security purposes)	
CARD NUMBER: 	
NAME ON CARD	
EXP. DATE / CCV CODE	
X _____ CARD HOLDER SIGNATURE	

MAIL OR FAX THE COMPLETED FORM TO
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