

Wooster Regional Workshop

(6.0 Water & Wastewater Contact Hours)

Wednesday,
September 18, 2019

LOCATION

American Red Cross
224 W. South Street
Wooster, Ohio 44691

“Ohio’s Environmental Training Center”



Operator Training Committee of Ohio, Inc.
3972 Indianola Avenue
Columbus, OH 43214
(614) 268-6826 Phone
(614) 268-3244 Fax

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

Registration

To register for this event at the \$150 rate, mail, fax, or email the completed registration form five days before the event. A \$25 late fee may apply to registrations received five days before the event. Once your application is processed, an email or fax confirmation will be 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

No cancellation fee for cancellations received in writing five days before the scheduled event. Cancellations received in the five days before the event is subject to a \$25 per day service charge. Substitutions are permitted however; **NO REFUND FOR THOSE WHO REGISTER AND FAIL TO ATTEND.** Send written cancellations to:

Email: otco@otco.org or Fax (614) 268-3244

2019 REGIONAL WORKSHOPS

Jefferson (Ashtabula County) Workshop

12.00 Water/Wastewater Contact Hours
September 25-26, 2019

Warsaw Regional Workshop

6.00 Water/Wastewater Contact Hours
November 21, 2019

2019 ANNUAL WORKSHOPS

Compliance Workshop

Doubletree by Hilton – Worthington Ohio
October 16 & 17, 2019
12.00 Water & WW Contact Hours

Water Distribution Workshop

Doubletree by Hilton – Worthington Ohio
November 5 & 6, 2019
12.00 Water Contact Hours

Procrastinator’s Workshop

Doubletree by Hilton – Worthington Ohio
December 10 & 11, 2019
12.00 Water & WW Contact Hours

Wooster Regional Workshop

Wednesday, September 18, 2019

Agenda

- 7:30am Registration and Coffee
- 7:50am Welcome, Update & Introduction
- 8:00am Backflow Update (**OTCO-B8897115-OM**)
Curtis L. Truss, Jr., Executive Director, OTCO
- 9:00am Rittman Ohio's Approach to Asset Management (**OTCO-B13304-OM**)
Curtis L. Truss, Jr., Executive Director, OTCO
- 10:00am Break
- 10:15am Operator Combating Legionnaires Disease (**OTCO-B13221-OM**)
Mike Maringer, Quasar
- 11:15am Lunch
- 12:00pm Variable Frequency Drives-Benefits, Overview & Safety (**OTCO-B12766-OM**)
Scott Hinsch & Pat Smith, DRV
- 1:00pm Break
- 1:15pm Asset Management: GPS Latest Technology (**OTCO-B13056-OM**)
Doug Kotnik, Precision Laser Instruments
- 2:15pm Operator Certification Rules Effective August 15, 2018 (**OTCO-B13224-OM**)
Curtis L. Truss, Jr., Executive Director, OTCO
- 3:15pm Adjourned

Training Location

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Workshop Overview

Those attending will be presented with information concerning backflow programs, Legionnaires Disease, variable frequency drives, regional approach to handling asset management and latest technology in GPS.

WHO SHOULD ATTEND

The Wooster Regional Workshop 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.

CONTACT HOURS

The approval numbers for this event are new for 2018 and are not duplicates from previous OTCO presentations. Contact Hours will be included in the students' official OTCO transcript.
<https://www.otco.org/student-transcript.html>.

OHIO EPA EBIZ

Since September 2017, OTCO has been maintaining your contact hours provided by OTCO in your Ohio EPA Ebiz account.

OTCO REGISTRATION FORM

Wooster Regional Workshop
Wednesday, September 18, 2019

REGISTRATION FEE: \$150
 \$175 after 9/13/2019

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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