37th Annual Technical Training Workshop & Exhibition ’16 at Lake Placid Conference Center

May 16th – 19th, 2016

Watch your mail for information on how to register.

LIMITED ATTENDANCE
- 50 -
Please pre-register as soon as possible

Register by fax or mail only to:

NEW YORK RURAL WATER ASSOCIATION
P.O. Box 487
Claverack, NY 12513
Fax: (518) 828-0582
Phone: (518) 828-3155
for more information

WASTEWATER TRAINING SESSION

Onsite Wastewater Treatment Management

Date: June 9, 2016
Location: Maybrook Senior Center
2 Senior Way
Maybrook, NY 12543
FOR: Ulster, Orange, Putnam and Sullivan counties.
MORNING SESSION

7:30 - 8:00   Registration

8:00 am- 12:00 noon
Managing on Onsite Wastewater Treatment System

Identification of onsite wastewater treatment systems, case studies, forming a Sewage Works Corporation vs. a Special Benefits District, State Revolving Fund assistance for small rural communities and 2014 Design Standards of treatment works and onsite treatment systems.

Please Note – If you wish to cancel your registration for this session, you must do so within 3 business days prior to the session to receive a refund. Otherwise, you will be responsible for payment.

ON SITE WASTEWATER TREATMENT MANAGEMENT

June 9, 2016

AFTERNOON SESSION

12:00 - 1:00 pm   Lunch

1:00 pm- 3:30 pm
Onsite Treatment Systems Operation and Maintenance

Fundamental requirements to successfully achieve biological treatment of wastewater onsite via a septic system, and routine maintenance and inspection procedures.

3:30 pm Closing Remarks/Certificates

Speakers for this session:
Thomas Boekeito, NYS DEC
Mark Noga, Knight Treatment Systems
Brian Rahm, NY Water Resources Institute at Cornell University

NYS DEC is expected to grant 6.0 contact hours toward recertification.
NO HOURS FOR PARTIAL ATTENDANCE

Session Fee $18.00
(session fee covers meal costs)

Send registration form & payment to:
New York Rural Water Association
PO Box 487 - Claverack, NY 12513
or fax: (518) 828-0582

Please detach and return prior to June 1, 2016

PRE-REGISTRATION FORM

June 9, 2016 – Maybrook, NY
All information MUST be filled out.
(Please use a separate form for each attendee)

Personal Information
Name: ____________________________________________

Home Address: _______________________________________

DOH Cert.#__________ DEC Cert.#__________

System: ____________________________________________

County: _______ Phone: _____________________________

E-mail address: _______________________________________

Member of NYRWA: YES or NO

SPDES#_________ PWSID#_________

Billing Information  ______ same as above

System/Company Name: _______________________________

Billing Address: ______________________________________

Phone: ____________

Please detach and return prior to June 1, 2016

SESSION FEE: $18.00
(session fee covers meal costs)