

*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.

**Onsite Wastewater
Treatment Management**
June 9, 2016

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.

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 Boekeloo, 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

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: _____

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