

# 2024 Warsaw Regional Workshop

**\$125/person 6.0 On-Site Contact Hours**  
**\$150/person 6.0 On-Site + 6.0 Online Contact Hours**



**Tuesday, November 19, 2024**

**Warsaw Retreat Center \* 818 E Main Street \* Warsaw OH 43844**

*Contact Hours are approved for Ohio EPA's Water & Wastewater Contact Hours.*

TIME	TOPIC	SPEAKER	APPROVAL #	HOURS
<b>MODERATOR:</b> Curtis L. Truss Jr., OTCO Executive Director				
7:45 am	Registration, Pastries, Overview			
8:00 am	Small Systems Approach to Lead Line Inventory	Davon Dawson, GIS Field Technician, OTCO	(OTCO-B5295791-OM)	1.00
9:00 am	Break			
9:15 am	PVC Pipe Installation	Kevin Waugh, Utility Solutions	(OTCO-B5295792-OM)	1.00
10:15 am	Or Equal	Kevin Waugh, Utility Solutions	(OTCO-B5295793-OM)	1.00
11:15 am	Lunch (Provided)			
12:00 pm	An Exercise To Check Your Plant's Classification	Curtis Truss, Executive Director – OTCO	(OTCO-B5295794-OM)	1.00
1:00 pm	Staying Compliant with OEPA Backflow Regulations	Curtis Truss, Executive Director – OTCO	(OTCO-B5295795-OM)	1.00
2:00 pm	Break			
2:15 pm	Operation Roundtable Open Forum Operation Issues	Curtis Truss, Executive Director – OTCO	(OTCO-B5295797-OM)	1.00
3:15 pm	Adjourned		<b>TOTAL HOURS</b>	<b>6.00</b>

[\*\*CLICK HERE TO REGISTER ONLINE\*\*](#)

**Please check registration type: NOTE Price Drop**

☐ ~~\$175~~ **\$125** Warsaw Regional Workshop = **6.00** Total Contact Hours

☐ ~~\$245~~ **\$150** Warsaw Regional Workshop & Backflow Prevention DLC Online = **12.0** Total Contact Hours)

OTCO STUDENT ID #:
FIRST NAME
LAST NAME
TITLE
EMPLOYER
MAILING ADDRESS
BILLING ADDRESS
CITY                      STATE                      ZIP
BUS. TELEPHONE (    )                      -                      ext
STUDENT EMAIL
BILLING EMAIL

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

