



Lima Regional Workshop

Thursday, June 11, 2026

Agenda

IN-PERSON ONLY

COST: \$150 PER REGISTRANT

REGISTRATION INCLUDES

Breakfast 7:30AM & Lunch 11:30AM

5.00 Total Contact Hours Available

LOCATION OF TRAINING:

City of Lima Wastewater Treatment Plant

**1200 Ft. Amanda Rd.
Lima, OH 45805**

LOCATION OF WTP TOUR 1:30PM

**City of Lima WTP
1100 E. Wayne Street
Lima, OH 45804**

HOW TO REGISTER

[CLICK HERE](#) to register online

You can fax or email this registration form to:
Fax: 614-268-3244 or Email: otco@otco.org

Once your registration is processed, a confirmation email will be sent with a link to enter into the webinar. Registrations are accepted until the day of the event.

PAYMENTS

OTCO accepts check or credit card as payment for this event. Purchase Order must accompany registrations in order to invoice your company. **NO REFUND FOR THOSE WHO REGISTER AND FAIL TO ATTEND.**

CONTACT HOURS

Contact Hours from these training events will be included in the attendee's official OTCO Student Transcript page and Ohio eBiz account.

Download the OTCO App on your [Apple](#) or [Android](#) Device and get updates

8:00am Welcome and Update

8:15am Delivering Cost Savings and Schedule Acceleration on Treatment Plant Construction for the City of Lima
(OTCO-B529807-OM 1 hr.) *Matthew Noelker, Peterson Construction Company*

9:15am Weird Biosolids Technologies for When You Can't Land Apply
(OTCO-B529808-OM 1 hr.) *Gina Haylett, Jones & Henry Engineers*

10:15am Break (15 Minutes)

10:30am Motor Doctor: For Water & Wastewater Plants
(OTCO-B529809-OM 1 hr.) *Harry Litton, Warwood Armature/Heco*

11:30am Lunch (45 Minutes)

12:15pm City of Lima Wastewater Treatment Plant Tour (1200 Ft. Amanda Rd)
(OTCO-S529810-OM 1 hr.) *Shawn Dershem, City of Lima*

1.15pm Break (15 Minutes) (Travel to Water Plant)

1:30pm City of Lima Water Plant Tour (1100 E. Wayne St.)
(OTCO-D529811-OM 1 hr.) *Darrin Sevitz, City of Lima*

2:30pm Adjourn

OTCO STUDENT ID #

OHIO EPA CORE I.D. #
FIRST NAME
LAST NAME
TITLE
EMPLOYER
BILLING ADDRESS (1)
BILLING ADDRESS (2)
CITY STATE ZIP
(This will be used for shipping of course materials.) <input type="checkbox"/> Check box if same as billing address above
MAILING ADDRESS (1)
MAILING ADDRESS (2)
CITY STATE ZIP
BUS. TELEPHONE () - EXT
FAX () - (for confirmations)
EMAIL ADDRESS
Please check & initial if information needs to be updated in 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
CARD NUMBER:
NAME ON CARD
EXP. DATE /
CREDIT CARD VERIFICATION CODE: (Note: Three-digit code on back of card.)

