

**Water & Wastewater Certification
Review
May 15, 2019
Helena**

NONPROFIT
U.S. POSTAGE PAID
GREAT FALLS, MT
PERMIT No. 167

Meet Your Instructors

Pete Boettcher, DEQ WW SRF

Greg Butts, DEQ PWS

Josh Viall, DEQ WW SRF

Tammy Jacobson, DEQ



Montana Environmental Training Center
MSU-Northern
P.O. Box 7751
Havre, MT 59501



**Water & Wastewater
Certification Review
May 15, 2019
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Attention: All operators taking water and/or wastewater certification exams on Thursday, May 16, 2019. This certification review is for you.



Water & Wastewater Certification Review

May 15, 2019

Helena

WHERE: Helena College
1115 North Roberts St.

COURSE FEE: \$110 **CECs:** None

WHAT: This review will help prepare operators for all levels of certification exams, but primarily focuses on groundwater and lagoon systems. The sessions are only for review and clarification. **Operators need to study before attending these sessions.** METC and DEQ will cover as many areas as time allows, including terms, regulations, treatment, etc. Attend the Drinking Water Rules and Wastewater Systems class on May 14, 2019 for a more complete exam preparation.

Wednesday, May 15, 2019

Wastewater:

7:30 am Registration

8:00 am Collections System and Lift Stations

9:00 am Lagoons and Mechanical Plants

10:30 am Math

12:00 pm Lunch (On Your Own)

1:00 pm Disinfection

2:30 pm Pumps & Blowers

3:30 pm Solids Handling

4:00 pm General Troubleshooting & Questions

5:00 pm Wrap-up and Adjourn

Speakers: Pete Boettcher, DEQ & Josh Viall, DEQ

Water:

7:30 am Registration

8:00 am Source Water Characteristics

10:00 am Laboratory Analysis

12:00 pm Lunch (On Your Own)

1:00 pm Treatment Process

3:00 pm Distribution System Basics

5:00 pm Wrap-up and Adjourn

Speakers: Greg Butts, DEQ
Tammy Jacobson, DEQ

REGISTRATION FORM Water & Wastewater Certification Review Helena - May 15, 2019

REGISTRATION: Registration is **necessary!** Please complete this form and return it with your payment of **\$110.00 by May 8, 2019.**

You may call METC at 265-3763 for further information.

Mail Registration to:
METC
MSU Northern
P.O. Box 7751
Havre, MT 59501

NAME _____

ADDRESS _____

CITY _____

ST _____ ZIP _____

PHONE _____

EMPLOYER _____

E-MAIL _____

Indicate Amount & Method of Payment

Amount \$ _____

Check # _____

PO # _____

Credit Card (**preferred method of payment**)

Card Name: Master Card or Visa

Card #: _____

Security #: _____ (3 numbers on back of card)

Expiration Date: _____

Card Holder Signature: _____

Date: _____