

Wastewater Pretreatment
Kalispell
October 30, 2019

Meet the Speakers

LeAnn Wiegand,
CDM Smith

Nate Gordon,
City of Missoula WWTP

William Andrene and
Christina Eggensperger,
Butte-Silver Bow

Paul Skubinna and Randall Rappe,
City of Great Falls

Del Phipps,
City of Kalispell

Darrel Stordahl,
CDM Smith



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



Present

Wastewater
Pretreatment
Kalispell
October 30, 2019



Attention: Wastewater utility Operators and Managers; and others interested in wastewater pretreatment. This one day workshop is designed specifically for you!



Wastewater Pretreatment

Kalispell

October 30, 2019

WHERE: Kalispell Advanced Wastewater Treatment Facility
2001 Airport Rd.
Kalispell, MT 59903



COURSE FEE: \$110 **CECs:** 0.8 Wastewater

AGENDA:

Wednesday, October 30th

- 7:30 am Registration
- 8:00 - 8:10 Welcome and Introductions
- 8:10 - 9:00 Overview of Pretreatment in Montana
- 9:00 - 9:30 Missoula Pretreatment Program
- 9:30 - 10:00 Butte Pretreatment Program
- 10:00 - 10:15 **Break**
- 10:15 - 11:00 Great Falls Pretreatment Program
- 11:00 - 11:30 Kalispell Pretreatment Program
- 11:30 - 12:00 Various Program Updates
- 12:00 PM LUNCH (On Your Own)**
- 1:00 - 1:45 PFAS and What It Means for WWTP Operations
- 1:45 - 3:00 Round Table Discussion by All
- 3:00 - 3:15 **BREAK**
- 3:15 - 5:00 Tour Kalispell Advanced Wastewater Treatment Plant
- 5:00 pm Adjourn

What:

Learn from your Montana cohorts about various Wastewater Approved Pretreatment Programs in Montana.

Also, learn how to start or improve a pretreatment program at your Wastewater Utility.

The Kalispell Advanced WWTP is hosting us right at their "Training Room" for this event this year in Kalispell.

Make your Plans & Reservations...

Now to attend this session with your

Wastewater Peers!

REGISTRATION FORM Wastewater Pretreatment Kalispell October 30, 2019

REGISTRATION: Registration is **necessary!** Please complete this form and return it with your payment of \$110.00 **by October 16.**

A cancelled registration after **October 16**, will be refunded at 50%. Please call METC at 265-3763 for further information.

Mail Registration to:
METC
MSU-Northern
P. O. Box 7751

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: _____