



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Regional Certification School

A/B Surface Combined February 6-7, 2023

C-Surface February 8-9, 2023

A/B Well Combined February 13-14, 2023

C-Well February 15-16, 2023

Two days of in-person instruction with the remaining instruction online

A/B-SURFACE SCHEDULE

Monday, Feb 6 Classes from 8am-5pm (lunch provided)

Tuesday, Feb 7 Classes from 8am-5pm (lunch provided)

Online training hours must be completed by 5pm Friday, Feb 17th

Location: Sweeney Water Treatment Plant, 1833 North 5th Ave, Wilmington 28401

C-SURFACE SCHEDULE

Wednesday, Feb 8 Classes from 8am-5pm (lunch provided)

Thursday, Feb 9 Classes from 8am-5pm (lunch provided)

Online training hours must be completed by 5pm Monday, Feb 20th

Location: Sweeney Water Treatment Plant, 1833 North 5th Ave, Wilmington 28401

A/B-WELL SCHEDULE

Monday, Feb 13 Classes from 8am-5pm (lunch provided)

Tuesday, Feb 14 Classes from 8am-5pm (lunch provided)

Online training hours must be completed by 5pm Friday, Feb 24th

Location: Richardson Water Treatment Plant, 637/633 Groundwater Way, Wilmington 28411

C-WELL SCHEDULE

Wednesday, Feb 15 Classes from 8am-5pm (lunch provided)

Thursday, Feb 16 Classes from 8am-5pm (lunch provided)

Online training hours must be completed by 5pm Monday, Feb 27th

Location: Richardson Water Treatment Plant, 637/633 Groundwater Way, Wilmington 28411

WHY CHOOSE A REGIONAL SCHOOL?

- **Classes held at Treatment Facilities**
- **Small Class Size (no more than 25 students)**
- **2 Days of Onsite Instruction**
- **Balance of instruction completed online through Newly Developed Operator Resource Center (ORC)**
- **Treatment Plant Tours Included**
- **Access to Additional Online Training Modules**

**Must have at least 10 students
per class to be held**

Max number of students - 25



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Regional School Registration Form

RECEIVED ON OR BEFORE January 31, 2023

Please Print or Type

NAME (First, Middle, Last): _____ SOCIAL SECURITY #: XX-XXX-_____

EMPLOYER / ORGANIZATION: _____

ADDRESS FOR CONFIRMATION & MAP: _____

CITY: _____ STATE _____ ZIP _____ COUNTY: _____

WORK PHONE: _____ EXT: _____ FAX: _____

ATTENDEE'S EMAIL: _____

(Online login instructions will be sent to this email address.)

ATTENDEE'S INDIVIDUAL NCWOA MEMBER # (must be included to be eligible for member rate): _____

ATTENDEE'S T-SHIRT SIZE _____

NC WATER TREATMENT CERTIFICATE TYPE PRESENTLY HELD:

- AW BW CW DW AS BS CS
- AD BD CD DD CC/BF NONE YET

NC WATER TREATMENT CERTIFICATE # (OPERATOR ID #): _____

WASTEWATER CERTIFICATION # _____

PLEASE CHECK WHICH CLASS YOU ARE REGISTERING FOR AND CIRCLE RATE:

<u>CLASS TITLE</u>	<u>NCWOA MEMBER RATE</u>	<u>NON-MEMBER RATE</u>
<input type="checkbox"/> A/B Surface Combined Mon-Tues Feb 6-7	\$450.00	\$510.00
<input type="checkbox"/> C Surface Wed-Thurs Feb 8-9	\$450.00	\$510.00
<input type="checkbox"/> A/B Well Combined Mon-Tues Feb 13-14	\$450.00	\$510.00
<input type="checkbox"/> C Well Wed-Thurs Feb 15-16	\$450.00	\$510.00

By Credit Card: ___ Visa ___ MC ___ Am Ex ___ Discover
 Name on Credit Card: _____
 Credit Card Number: _____
 Exp Date: Month ___ Year ___ Security Code from back of card: _____
 Cardholder Signature: _____

PLEASE SEND APPLICATION AND PAYMENT TO:

Heather Cagle, NCWOA
 PO Box 5466, High Point, NC 27262
 Phone: 252-764-2094 ext 1
 Fax: 252-764-2095
 Email: heather@ncwoa.com

If cardholder is other than attendee, what email address should the CC receipt be sent to? _____
 To ensure that you receive the emailed receipt, please add heather@ncwoa.com to your email address book.

NCWOA USE: Amount _____ CK# _____ E S Processed _____

North Carolina Waterworks Operators Association

MEMBERSHIP APPLICATION



MISSION STATEMENT: To provide knowledge, skills & educational opportunities for drinking water professionals; develop working relationships with other water treatment organizations; project a positive image and communicate the importance of safe drinking water.

Membership Application

ANNUAL DUES ARE \$50.00 FOR 2023

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____ Social Security # (last 4 digits): xxx-xx-_____ If Renewal, what is your NCWOA Member #: _____

YOUR Individual Operator Certification #: (Issued by NCWTFOCB) _____

Certificate(s) Held:

____ A-Surface ____ B-Surface ____ C-Surface ____ A-Well ____ B-Well ____ C-Well ____ D-Well

____ A-Dist ____ B-Dist ____ C-Dist ____ D-Dist ____ Cross-Connection

____ Wastewater #'s

____ None Yet ____ You are not an Operator & do not plan to become Certified.

PLEASE SELECT YOUR PREFERRED ADDRESS (This is where confirmations & membership info will be sent.)

____ Home Address: _____

City: _____ State _____ Zip _____ County: _____

____ Employer Name: _____

MAILING Address: _____

City: _____ State _____ Zip _____ County: _____

Work Phone : _____ Ext: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How would you like to receive your issues of Go With The Flow? Postal Delivery _____ OR Email _____

How would you like to receive your Section Meeting notices? Postal Delivery _____ OR Email _____

NOTE: Memberships are based upon a calendar year. Membership cards will be mailed with receipt. These cards will contain your name, membership number, and membership expiration date.

NOTE: Please make checks payable to "NCWOA" or "North Carolina Waterworks Operators Association." We do NOT accept Purchase Orders. Credit Card payments may be mailed, faxed, or scanned but NOT called in

CREDIT CARD PAYMENT

Credit Card Type: ____ Visa ____ MC ____ AmEx ____ Discover

Name on Credit Card: _____

Credit Card Number: _____

Exp Date: Month _____ Year _____ Security Code from back of Card _____

Cardholder's Signature: _____

If cardholder is other than attendee, what email address should the CC receipt be sent to? _____

To ensure that you receive the emailed receipt, please add heather@ncwoa.com to your email address book.

PLEASE SEND APPLICATION AND PAYMENT TO:

Heather Cagle, NCWOA
 PO Box 5466
 High Point, NC 27262
 Phone: 252-764-2094 ext. 1
 Fax: 252-764-2095
 Email: heather@ncwoa.com

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 : Credit Card Payment :
 : Cannot be Processed :
 : Over the Phone :
 :

NCWOA USE: Amount: _____ CK# _____ E S Processed: _____