



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Advanced Day Agenda

Wednesday, September 25, 2024 in Raleigh, NC

EXHIBIT HALL OPEN FROM 7:45AM - 4:00PM
BREAKFAST 7:45AM-8:30AM

Emerging Contaminants, Funding & More!

9am - 5pm

Topics to Include:

Inventory and Beyond – An Exploration into LSL Planning

Michael Poulious, P.E., CDM Smith

Lead Service Line & Emerging Contaminates Funding for NC Utilities

Dustin Rhodes, NC Division of Water Infrastructure

Customer Communication Strategies

Gavin MacRoberts, Fayetteville Public Works Commission

Lead & Copper Rule: Service Line Inventory and the Proposed LCRI

Andrew Jarman, E.I., NCDEQ

PFAS in the Water Supply

Emanuele Sozzie, Ph.D. EU, P.E., NCDEQ

Asset Management

Michael Smith, Fayetteville Public Works Commission

AWARDS BANQUET LUNCHEON

The Awards Banquet Luncheon and Business Meeting will be held on Wednesday, September 25, 2024. The festivities will begin at 12:30pm at the McKimmon Center. There will be door prizes given away. Please make plans to attend and congratulate your fellow operators for a job well done!



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Annual Fall School Registration Form

Must be RECEIVED BY September 13, 2024

Please Print or Type

NAME (First, MI, Last): _____

NICK NAME for TAG: _____ SOCIAL SECURITY #: XXX-XX-_____

EMPLOYER / ORGANIZATION: _____

ADDRESS FOR CONFIRMATION & MAP: _____

CITY: _____ STATE _____ ZIP _____ COUNTY: _____

WORK PHONE: _____ EXT: _____ FAX: _____

ATTENDEE'S EMAIL ADDRESS: _____
(Be sure to include if you would like access to NCWOA ORC On-line supplement. ORC log in and instructions will be sent to this email address.)

By registering for this training event, you acknowledge that you have read and understand NCWOA's Code of Ethics statement which can be found at www.ncwoa.com

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

NC WATER TREATMENT CERTIFICATE TYPE PRESENTLY HELD:

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

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

NC WASTEWATER CERTIFICATE# _____

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-Surface (M-F)	\$ 450.00	\$ 525.00
<input type="checkbox"/> B-Surface (M-F)	\$ 450.00	\$ 525.00
<input type="checkbox"/> C-Surface (M-F)	\$ 450.00	\$ 525.00
<input type="checkbox"/> A-Well (M-F)	\$ 450.00	\$ 525.00
<input type="checkbox"/> B-Well (M-F)	\$ 450.00	\$ 525.00
<input type="checkbox"/> C-Well (M-F)	\$ 450.00	\$ 525.00
<input type="checkbox"/> Advanced (Wednesday)	\$ 160.00	\$ 225.00
<input type="checkbox"/> Advanced VIRTUAL (Wednesday)	\$ 160.00	\$ 225.00

We will be offering 25 Advanced Day virtual seats. Virtual training requirements apply.

**MAX 25 virtual seats
MIN 5 virtual seats**

Will you be attending the Basic Math for Operators from 9am-10am on Monday, Sept 23rd? _____ Yes _____ No
It is not required as part of the certification school. (**C-level students only - limited to first 45 participants**)

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 _____

Billing Zip Code _____

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

Credit Card Payments CANNOT be processed over the phone.

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



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Membership Application

MEMBERSHIP APPLICATION – 2024 ANNUAL DUES ARE \$60.00

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

Nickname: _____ Social Security #: 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

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

____, _____ Wastewater #'s

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: **North Carolina Waterworks Operators Association** or **NCWOA**. We do NOT accept Purchase Orders.

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 _____

Billing Zip Code _____

Cardholder's Signature: _____

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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 Payments CANNOT :
: be processed over the phone. :
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If cardholder is other than member, 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: _____