



Reservoir Management
March 31, 2026

Registration at 7:30am
8:00am – 3:30pm (lunch provided on-site)

Reservoir Tour Location:
Cane Creek

Training Location:
Orange Water and Sewer Authority (OWASA)
400 Jones Ferry Road | Carrboro NC 27510

Topics to include:

Cane Creek Tour, Watershed Planning, Basin Planning, Invasive Species, PFAS – Regulations, Methods & Monitoring, and Public Relations & Outreach!

CONTACT HOUR INFORMATION: 6 drinking water contact hours

Please Print or Type

NAME (First, MI, Last): _____ Nickname (For Tag) _____

SOCIAL SECURITY # (last 4 digits): XXX-XX-_____ EMPLOYER: _____

MAILING ADDRESS _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ Ext: _____ FAX: _____

EMAIL ADDRESS: _____

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

NC WATER TREATMENT CERTIFICATE TYPE: __AS __BS __CS __AW __BW __CW __DW __AD __BD __CD __DD __CC/BF __None

NC WASTEWATER CERTIFICATION # (OPERATOR ID #): _____, _____

NCWOA MEMBER PRICE - \$100.00 (Must put your INDIVIDUAL NCWOA membership number on the line above to qualify)

NCWOA NON-MEMBER PRICE - \$175.00 (includes membership for 2026)

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.

REFUNDS: We will issue a refund (minus a \$25 administrative fee), if the refund is requested, in writing, at least 7 business days prior to the event. Refunds will be made in the same manner as payment. Substitutions may be made. Please inform us, as soon as possible, of substitutions so that the appropriate certificates of attendance may be generated.

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 will NOT be taken over the phone.**

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

**For online credit card payments please
visit our website at www.ncwoa.com**



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

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 \$70.00 FOR 2026

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

Nickname: _____ SSN # (last 4 digits): xxx-xx-_____ If Renewal, 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: _____

Special Note: Issues of Go With the Flow will be delivered via email unless otherwise requested.

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.

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