NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Fall Advanced Day 2026 - September 23

Advanced Utility Operations: Treatment, Technology, and Preparedness

Session 1

9:00am – 10:00am **Climate Issues**
Nicholas "Nick" Petro, WX3H, Warning Coordination Meteorologist National Weather Service

10:00am – 10:30am **Determining Sources of Inflow and Infiltration in Sewersheds Using Organic Matter Fluorescence**
Dr. Chris Osburn, NCSU

Exhibit Hall Break/Networking: 10:30 - 11:00

Session 2

11:00am – 11:30pm **Determining Sources of Inflow and Infiltration in Sewersheds Using Organic Matter Fluorescence**
Dr. Chris Osburn, NCSU

11:30am – 12:30pm **Emergency Planning**
E. Stefan Coutoulakis, NC Department of Public Safety Division of Emergency Management

Awards Banquet Luncheon – Provided on Site 12:30 – 1:30

Session 3

1:30pm – 2:30pm **Microplastics –** *Dr. Barbara Doll, NCSU*

2:30pm – 3:00pm **Using AI in SCADA Applications –** *Terrian Marley, CITI, Inc.*

Exhibit Hall Break/Networking: 3:00 – 3:30

Session 4

3:30pm – 4:00pm **Using AI in SCADA Applications –**
Terrian Marley, CITI, Inc.

4:00pm – 5:00pm **Overview of PFAS Compliance Timelines & Treatment Technologies -** *Alex Gorzalski, PhD, PE, PO, One Water Engineering*

This class has been pre-approved for 6 contact hours for drinking water and wastewater certification. Agenda is tentative and could be subject to change.

NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Annual Fall School Registration Form

Must be RECEIVED BY September 11, 2026

Please Print or Type

NAME (First, MI, Last): _____

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

EMPLOYER / ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ COUNTY: _____

WORK PHONE: _____ EXT: _____ FAX: _____

ATTENDEE'S EMAIL ADDRESS: _____
(Be sure to include attendee's email address for access to the presentation handouts in the ORC. Class handouts will not be printed. 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:

CLASS TITLE	NCWOA MEMBER RATE	NON-MEMBER RATE
☐ A-Surface (M-F)	$ 495.00	$ 600.00
☐ B-Surface (M-F)	$ 495.00	$ 600.00
☐ C-Surface (M-F)	$ 495.00	$ 600.00
☐ A-Well (M-F)	$ 495.00	$ 600.00
☐ B-Well (M-F)	$ 495.00	$ 600.00
☐ C-Well (M-F)	$ 495.00	$ 600.00
☐ Advanced (Wednesday)	$ 170.00	$ 250.00
☐ Advanced VIRTUAL (Wednesday)	$ 170.00	$ 250.00
☐ **Physical Chemical - Grade 1** ***(Tuesday-Thursday)***	$ 350.00	$ 450.00

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 21st? _____ Yes _____ No
It is not required as part of the certification school. *(C-level students only)*

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: _____

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

****PLEASE NOTE THAT A 3% CREDIT CARD CONVENIENCE FEE WILL BE ADDED WHEN PAYING BY CREDIT CARD.****

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

MEMBERSHIP APPLICATION – 2026 ANNUAL DUES ARE $70.00

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: _____

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.

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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