

Michigan Rural Water Association
2127 University Park Drive Ste 340
Okemos MI 48864

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CLARE, MI 48617
PERMIT #2



Regulatory Monitoring & Sampling Techniques

December 20, 2022

Great Wolf Lodge
3575 N. US 31 S.
Traverse City, MI 49684

December 21, 2022

Boyne Mountain Resort
1 Boyne Mountain Rd
Boyne Falls, MI 49713

Instructor: Joe Little

0.4 CECs, Water, Technical

Regulatory Monitoring and Sampling Techniques

Instructor: Joe Little

This course is especially designed to help water utilities reduce the risk of contamination in water distribution systems. We will also learn the importance of monitoring and sampling of water systems ensuring compliance with State and Federal regulations, while continuing the distribution of safe and dependable water to our customers.

Class topics

- Causes of Water Contamination
- Types of Contaminates
- Monitoring Our Systems
- Sampling Techniques
- Implementing Your Program
- Reporting Requirements
- Update: Revised Total Coliform Rule

Question & Answer, Discussion

AGENDA

- 7:30 a.m. to 8:00 a.m. Registration
- 8:00 a.m. – 10 a.m. Classroom
- 10 a.m. – 10:15 a.m. Break
- 10:15 a.m. – 12 p.m. Classroom
- 12 p.m. - 12:15 p.m. Questions & Adjourn

**CEC Information
0.4 Water, Technical**

All training materials included

Regulatory Monitoring and Sampling Techniques

Please select which class you plan to attend

_____ December 20, 2022, Traverse City

_____ December 21, 2022, Boyne Falls

This is free training, but you must PRE-REGISTER

WAYS TO REGISTER

Website: www.mrwa.net

Click login at the very top of the page and enter your email address. If found, follow the prompts to set up a password. If not found, call the MRWA office.

Email: training@mrwa.net

Fax: 517-657-2417

Mail: MRWA, 2127 University Park Drive, Ste 340, Okemos, MI 48864

If you do not submit the attendee cell phone and email address, the registration will not be processed. We do not share email and cell phone with outside parties.

**Attendee Name, Attendee Cell Phone and Attendee Email Address:	W Operator License: WW Operator License:
**Attendee Name, Attendee Cell Phone and Attendee Email Address:	W Operator License: WW Operator License:
Employer:	
Address:	
City/State/ZIP:	
Name of person completing form, phone number and email:	
Do any of your attendees have any special dietary requirements? List the person and the restriction.	

Payment/Cancellation Policy: Payment is expected prior to class. Cancellations must be requested at least 3 business days prior to the start of the class, or your registration fee will be forfeited. If you cancel least 3 business days prior to the start of class, the full amount may be refunded. You may send a substitute attendee.