

**Training by Fort Scott Community College**

**Hosted by the Kansas Section AWWA OTC Committee**

**Workshop Objectives:**

The objective of this workshop is to provide discussion topics for operators in water treatment. Many topics will be discussed during the 2 day workshop. In addition the workshop will provide information in helping an operator to prepare for certification and testing through KDHE.

**Who Should Attend?**

Water Treatment Operators  
Distribution Operators

**Fees & Registration**

Workshop fees are \$70.00. To reserve a seat at this workshop, please fill out the registration form and return it with your fee or register online with credit card. Seating may be limited so sign-up and reserve your spot.

**2 Ways to Enroll!!**  
**Web Enrollment**

<https://www.ksawwa.org/conference/workshops-training.html>

**Mail to:**

**KsAWWA**

**PO Box 3046, Salina, KS 67402-3046**

**Make checks payable to:**

**Kansas Section AWWA**

**For more information please contact:**

Hank Boyer (785) 452-5706

Joe Cribbs (913) 895-5812

**Training Credit**

Kansas Certified Water Operators who attend the workshop will receive ten hours of training credits towards their KDHE certification renewal and 1-hour college credit.



**Advanced Water Workshop**

**ONLINE THROUGH ZOOM**

**February 9<sup>th</sup> & 10<sup>th</sup> 2022**

**Day One 8:15 AM - 3:00 PM**

Desalination

Plant Automation

LCR Rule System Inventory

Corrosion Control

Asset Management

PFAS Update

**Day Two 8:15 AM – 3:30 PM**

Chlorine Dioxide

Coagulation/Flocculation

Filtration

Ozone

Iron and Manganese Control

Aquifer Storage and Recovery

**Kansas Section AWWA Operator Training Committee**  
**February 9<sup>th</sup> & 10<sup>th</sup> 2022**

**Online through ZOOM**

**(Access link will be sent with your registration confirmation)**

**If you plan to attend, please mail registration and fee payable to: KSAWWA**

**PO Box 3046, Salina, KS 67402-3046**

**AWWA Membership # (Individual / PWSS) #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Public Water Supply System:** \_\_\_\_\_ **Phone:** \_\_\_\_\_