

***Presented Live (Via Zoom)  
Four Consecutive Tuesdays  
November 29 and December 6, 13, and 20  
3:00 p.m. – 5:30 p.m.***

### PURPOSE

This course provides training for onsite professionals on the **proper techniques for conducting evaluations of existing private onsite wastewater treatment systems**. The course creates much-needed uniformity for inspections, helping **to reduce liability for those doing POWTS evaluations**. Topics include: POWTS Evaluator ethics and requirements; Evaluator/client relationship and responsibilities; evaluation procedures (data collection through final reports); and procedures for evaluating recent, documented POWTS, as well as the “unknown” POWTS. General POWTS knowledge and experience is necessary. A calculator is necessary.

**Upon course completion (attendance at all four classes is required), you will take an examination. Upon passing the exam, you will receive certification as a WOWRA Certified POWTS Evaluator.**

### CONTINUING EDUCATION

Continuing Education Credits will be available for the following credentials:

- JM Plumber
- JM Plumber-Restricted (S)
- Master Plumber
- MP Restricted (S)
- POWTS Inspector
- POWTS Maintainer
- Soil Tester
- Commercial Plumbing Inspector
- DNR Septage (Applied For)

### INSTRUCTOR

Todd Stair is an experienced POWTS instructor who has 30 years of experience in the POWTS industry and holds licenses/certifications as a Master Plumber Restricted Service, Certified Soil Tester, and POWTS Inspector.

### REGISTRATION FEES

**\$350.00**      **WOWRA Members\***      **\$500.00**      **Non-Members\*\***

Includes class, certification exam, and educational materials.

Registration deadline is November 22.

Cancellation fee of \$50.00.

Presented Via Zoom. Internet Connection Required.

Class size is limited to 30.

\* Must have paid 2021 dues.

\*\* Save \$150 on the class by becoming a WOWRA Member! See [wowra.com](http://wowra.com) for information.

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**Registration Form**

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Attendee Name 1**

Email (required): \_\_\_\_\_

Provide related licenses/certifications you currently hold and your license number(s): \_\_\_\_\_

**Additional Attendee (copy this form to register more attendees)**

Email (required): \_\_\_\_\_

Provide related licenses/certifications you currently hold and your license number(s): \_\_\_\_\_

**Payment Method** (check one)

Mastercard    Visa    Amex    Discover

Check (payable to WOWRA)

Name (as it appears on card) \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**TOTAL AMOUNT DUE (for all attendees) \$** \_\_\_\_\_

Submit with Full Payment to WOWRA | PO Box 833 | Germantown, WI 53022