

***Presented Live (Via Zoom)
Four Consecutive Tuesdays
November 28 and December 5, 12, and 19
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

\$375.00 **WOWRA Members*** **\$525.00** **Non-Members****

Includes class, certification exam, and educational materials.

Registration deadline is November 10th

Cancellation fee of \$50.00.

Presented Via Zoom. Internet Connection Required.

Class size is limited to 30.

* Must have paid 2023 dues.

** Save \$150 on the class by becoming a WOWRA Member! See wowra.com for information.

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Registration Form

Company

Address

City/State/Zip

Telephone

If the above address is **NOT** the address you want your materials mailed to, please provide the mailing address here.

Attendee First and Last Name

Email (required):

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

Copy this form to register more attendees

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