

***Presented Live (Via Zoom)***

***Four Sessions: Tuesdays November 12, 19 and December 3, 10 (2024)  
2:30 p.m. – 5:00 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**

**\$399.00      WOWRA Members\*      \$549.00      Non-Members\*\***

Includes class, certification exam, and educational materials.

**Registration deadline is November 1, 2024**

Cancellation fee of \$50.00.

Presented Via Zoom. Internet Connection Required.

Class size is limited to 30.

\* Must have paid 2024 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**