

Filter Inspection Short School

Dayton Ohio
August 4, 2010



**OPERATOR TRAINING
COMMITTEE OF OHIO, INC.**

Since 1964

"Ohio's Environmental Training Center"
3972 Indianola Avenue
Columbus, OH 43214
(614) 268-6826 Phone
(614) 268-3244 Fax
www.ohiowater.org

Overview:

As a background for the Filter Inspection Workshop, students are referred to the Safe Drinking Water Amendments (Surface Water Treatment Rule) that will require individual filter monitoring and reporting for turbidity. In view of the requirements in the rule, operators are advised to profile each filter. Exceptions reporting are required for those filters that do not meet operating standards. Students who attend & complete the workshop will receive 6.0 contact hours. Students will be exposed to optimizing tools including:

- Bed Depth Measurement
- Filter Media Analysis
- Filter Coring
- Solids Retention Analysis
- Washwater Analysis
- Filter and Backwash Operations
- Bed Expansion
- Filter Efficiency Measurement & Calculations

Registration is from 7:15 am – 7:30am
Class will start promptly at 7:30am – 3:45pm

Course Instructors:

Marvin Gnagy has 30 years experience in water supply & treatment, has a Bachelor's degree in Chemical Engineering, and holds a Class IV Water certificate as well as a Class III Wastewater certificate. Marvin's work related to plant optimization and education has earned him the Melick Award and the Fuller Award. Marvin also is a frequent presenter at seminars and workshops.

Registration Fee: \$250

Fee includes refreshments, lunch, handouts, and tracking of attendee's training record on the OTCO Student Transcript web site.

Refunds & Cancellations:

If your registration is not prepaid, you will be invoiced. Substitutions are permitted. **NO REFUND FOR THOSE WHO REGISTER AND FAIL TO ATTEND.**

Contact Hours:

This training event has been approved for **6.0 Contact Hours** for water - OEPA-D050-OM

OTCO REGISTRATION FORM

Filter Inspection Short School

Please make an **X** by your choice:

Dayton Ohio 8/4/2010

OTCO STUDENT ID #: _____

FIRST NAME & LAST NAME

TITLE

EMPLOYER

ADDRESS

CITY/STATE/ZIP

BUSINESS TELEPHONE

FAX (for confirmations)

EMAIL ADDRESS

Please check & initial if the above information needs to be updated in the OTCO Training Tracking System. [] _____

CHECK OR MONEY ORDER NUMBER

P.O. NUMBER

\$250 registration fee

Please invoice my company:

Charge to my credit card account:

Visa MasterCard Discover AMEX

Billing Zip Code (For security purposes)

CARD NUMBER

NAME ON CARD

EXP. DATE

X _____
CARD HOLDER SIGNATURE

MAIL OR FAX THE COMPLETED FORM TO:

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