

VIRGINIA RURAL WATER ASSOCIATION PRESENTS

# WW Operators Certification

## Class 3 & 4

(15 Wastewater CPEs)

**Wed. & Thurs.**

**Feb. 25 & 26,  
2026**

**Location:**  
VRWA Office

2138 Sycamore Ave.  
Buena Vista, VA 24416  
(Rockbridge County)

**REGISTRATION  
REQUIRED**



*Quality On Tap!*

2138 Sycamore Avenue  
Buena Vista, VA 24416  
Phone: 540-261-7178  
Fax: 540-261-2465  
On the web: [www.vrwa.org](http://www.vrwa.org)

**Description:** Certification preparation starts with what really matters. This two-day Wastewater Certification course is aligned with the official 2025 “Need to Know Criteria”. Designed to strengthen the understanding of the exam with suggested reference materials and formula sheets. Participants are encouraged to bring their reference materials for Operation of Wastewater Treatment Plant Volumes 1& 2 (8th edition), notebook, pen, pencil, highlighters, and calculator

**PRE-REGISTRATION IS REQUIRED**  
Class size limited to 10

Instructor: Betty Green (VRWA)

Class Time:  
Wednesday, February 25 & Thursday, February 26  
8am - 5pm

Lunch: 1hr on your own

Cost: VRWA Members - \$250  
Non-members - \$350

To Register: The preferred method for registration is online at the VRWA website ([www.vrwa.org](http://www.vrwa.org)). If an attendee does not have internet access, he or she may complete the registration form on the back of this page and fax it to the VRWA office at 540-261-2465. For answers to questions regarding the registration process, please call the VRWA office at 540-261-7178.

**REGISTRATION DEADLINE: February 18, 2026**

# Wastewater Operators Certification Class 3&4

## Class Registration Form

Wastewater Operators Certification Class 3&4 — 15 CPE's—Buena Vista, VA -February 25 &26, 2026

\_\_\_\_\_  
Name  
(as it appears on your license)

\_\_\_\_\_  
System/Organization

\_\_\_\_\_  
Mailing Address

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

**Total Amount Due: \$\_\_\_\_\_**  Check Enclosed  Visa  Master Card

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

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

3-digit CSV security code: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_

Please make all checks out to VRWA and mail to: VRWA, 2138 Sycamore Avenue, Buena Vista, VA 24416

Virginia Rural Water Association  
2138 Sycamore Avenue  
Buena Vista, VA 24416  
(540) 261-7178  
(540) 261-2465 fax  
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