Wastewater Microlife, Microscopy and Troubleshooting

(7.0 Wastewater CPEs)

Wednesday,

January 17, 2024

Location: Augusta County Middle River Facility 848 Laurel Hill Rd Verona, VA 24482

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 **Description:** This hands-on course will begin with the basics of wastewater microbiology than transition to helpful troubleshooting techniques and new issues operators are faced with today. Students will learn about bacteria, higher life forms and how each related to treatment efficiency, settleability and dewatering. Instructors will guide each student in how to properly use a microscope to better understand floc structure, filament identification, and extracellular polymeric substances (EPS). Instructors will discuss the current state of wastewater microbiology and what has changed in the recent years. Students are welcome to bring activated sludge samples on ice.

PRE-REGISTRATION IS REQUIRED Class Size Limited to 20

Instructors: Steven Leach (Leach Microbial Consulting) Walter Higgins (EPA Region 3 Water Division)

Class Time: 8:00am-4:00pm

Lunch: One hour-on own

Cost: \$140 (VRWA Member) \$200 (Non-member)

To Register: The preferred method for registration is online at the VRWA website (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: January 10, 2024

Wastewater Microlife, Microscopy and Troubleshooting

Class Registration Form

Wastewater Microlife, Microscopy and Troubleshooting - 7 CPE's-Verona, VA-January 17, 2024

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 a	nd mail to: VRWA, 21	.38 Sycamor	e Avenue, Buena Vista, VA	24416
Cancellation Policy: Full refund less \$ or to date of class. No refunds will be are permitted. In the event that the cl If pa	given for cancellation lass is cancelled by VR aying by check please Virginia Rural Wa 2138 Sycamo Buena Vista, (540) 261-2	s with less th WA due to lo make all che ter Associatio re Avenue VA 24416 I-7178	an 10 days' notice, substitu ow enrollment, a full refund cks out to	tions, however,