



Indiana Section AWWA  
2984 Crestwood Lane  
Danville, IN 46122-8500



Indiana Rural Water Association  
PO Box 679  
Nashville, IN 47448

~ *Partners in Water Quality Excellence* ~

*www.indianawateroperatortraining.org*

**INDIANA WATER OPERATOR TRAINING WORKSHOPS**

*presented in cooperation by*

Indiana Department of Environmental Management  
Indiana Section - American Water Works Association  
Indiana Rural Water Association

**Contract  
Coordination**

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- To keep your Grandparented Water Operator Certification valid**, you are required to do two things:
1. Obtain the proper amount of contact hours for your certification level(s) during each three-year cycle in which your certification is applicable.
  2. Attend an appropriate IDEM approved training course for the types of certifications you hold.

IDEM has awarded a contract to the team of the Indiana Section-American Water Works Association (AWWA) and the Indiana Rural Water Association (IRWA). As part of this contract, we have developed a training curriculum and materials to conduct the "IDEM approved training course". We will offer 48 workshops per year in 2006, 2007, and 2008. Each workshop will be tailored to the certification levels of those in attendance. Registration begins at 7:30am and the workshop will start promptly at 8:00am. Each workshop will be a minimum of 4 hours, with additional time added as needed to meet the certification requirements of the attendees (up to 8 hours). If necessary, lunch will be provided.

Contact hours will be awarded for your attendance. Each workshop attendee will receive an operator's manual and a disk with the lessons for future reference.

Due to the constraints of most sites, registration is limited to 50 persons per site. If the site is able to accommodate more attendees, we will extend the limits.

Please **fax your registration form to 812-988-6961** -- OR -- **e-mail it to [mjmiller@indianaruralwater.org](mailto:mjmiller@indianaruralwater.org)** -- OR -- you may mail it to P.O. Box 679; Nashville, IN 47448.

**REGISTRATION**  
**Indiana Water Operator Training Workshop**

**Date Attending** \_\_\_\_\_ **Location:** \_\_\_\_\_

Operator Name \_\_\_\_\_  
(Please print. Send in one completed registration form for each person attending.)

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ County \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Operator Certification Levels (i.e. DSS, WT1, etc) \_\_\_\_\_  
(Please list all certification levels as the workshop will be tailored to your individual needs.)

Operator Certification Numbers \_\_\_\_\_  
(Use additional sheets if necessary.)

