

VIRGINIA RURAL WATER ASSOCIATION PRESENTS

# Prepare with Purpose : WW Operators Certification Class 1&2 (15 Wastewater CPEs)

**Wed. & Thurs.**

**March 4 & 5,  
2026**

**Location:**  
**UVA Wise Oxbow  
Center**

16620 E. Riverside Dr.  
St. Paul, VA 24283  
(Wise & Russell 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:** This two-day Wastewater Certification course is structured around the official 2025 “Need to Know Criteria”. This course will focus on the core knowledge operators will use for preparation of the exam and discussion on 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, highlighter, and calculator.

**PRE-REGISTRATION IS REQUIRED**  
**Class Size Limited to 20**

Instructor: Betty Green (VRWA)

Class Time:

Wednesday, March 4 & Thursday, March 5  
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 25, 2026**

# Prepare with Purpose: Wastewater Operators Certification Class 1&2

## Class Registration Form

Prepare with a Purpose: Wastewater Operators Certification Class 1&2 — 15 CPE's—St. Paul, VA -March 4&5, 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  
[www.vrwa.org](http://www.vrwa.org)