

**DO NOT attend the class if you are sick or not feeling well.**



3390 Ponderosa St  
Wahoo, NE 68066  
800-842-8039  
402-443-5216  
Fax 402-443-5274  
www.nerwa.org  
info@nerwa.org

## Changes in training classes:

1. **PLEASE DO NOT** mail a registration without payment or register online without paying by credit card unless you have made arrangements with our office.
2. You need to preregister for all training classes.
3. If you are the host town, your operators still need to register for the class. Please do not assume because it is your system, they are registered. Register as soon as you can before the class reaches its limit.
4. If you cannot make it to a class:

**CALL OUR OFFICE BEFORE  
TO LET US KNOW.**

# NEBRASKA RURAL WATER ASSOCIATION

## BACKFLOW CONTINUING EDUCATION



**BACKFLOW  
CONTINUING ED CLASS**

**April 30, 2024  
Cairo, NE**

Cairo Community Center  
303 S Said St.

Mail or fax in to register  
for the class.

You can also register online at  
[www.nerwa.org](http://www.nerwa.org).

Class flyers are also available on the  
website.

**PLEASE NOTE PRICE  
CHANGE**

**Cost:**

**\$150 MEMBERS  
\$200 NON-MEMBERS**

**ALWAYS KEEP YOUR  
CERTIFICATES!!!**

You will receive a certificate with  
your hours for attending the class.  
You may need it as proof to show  
you attended the class. We do not  
keep a record of your hours.

If you lose or misplace your  
certificate, we will issue a second  
one. If you request any more after  
that, the cost is \$20.

**Agenda**

- 8:00-8:30 Registration
- 8:30-10:00 CCC What's Working for you?
- 10:00-10:15 Break
- 10:15-12:00 NDEE Water Supply Update-NDEE Field Rep. (if available)
- 12:00-1:00 Lunch (on your own)
- 1:00-2:15 Working In And Around Confined Spaces
- 2:15-3:15 Wrap-up, Questions, Review

**Credit Hours Applied For:**

5 hours for Grades 1-4  
5 hours for Grade 6  
5 hours for Wastewater

**NeRWA Workshop Registration—check one**

**Manager**     **Inspector**     **Fire Sprinkler Service**     **Certified BF Tester**  
 **Lawn Service**     **Plumber**     **State/Fed Rep**     **Certified Water Operator**  
 **Other** \_\_\_\_\_     **Certified Wastewater Operator**

**Cairo 04/30/24**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

System Representing/Employer \_\_\_\_\_ email \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Work \_\_\_\_\_ Home \_\_\_\_\_)

City, State, Zip \_\_\_\_\_

Water # \_\_\_\_\_ Grade # \_\_\_\_\_ Backflow # \_\_\_\_\_ Wastewater# \_\_\_\_\_