Lima Regional Workshop

Thursday, June 11, 2026

Agenda

8:00am	Welcome and Update
8:15am	Delivering Cost Savings and Schedule Acceleration on Treatment Plant Construction for the City of Lima *(OTCO-B529807-OM 1 hr.) Matthew Noelker, Peterson Construction Company*
9:15am	Weird Biosolids Technologies for When You Can't Land Apply *(OTCO-B529808-OM 1hr.) Gina Haylett, Jones & Henry Engineers*
10:15am	Break (15 Minutes)
10:30am	Motor Doctor: For Water & Wastewater Plants *(OTCO-B529809-OM 1hr.) Harry Litton, Warwood Armature/Heco*
11:30am	Lunch (45 Minutes)
12:15pm	City of Lima Wastewater Treatment Plant Tour (1200 Ft. Amanda Rd) *(OTCO-S529810-OM 1hr.) Shawn Dershem, City of Lima*
1.15pm	Break (15 Minutes) (Travel to Water Plant)
1:30pm	City of Lima Water Plant Tour (1100 E. Wayne St.) *(OTCO-D529811-OM 1hr.) Darrin Sevitz, City of Lima*
2:30pm	Adjourn

IN-PERSON ONLY
COST: $150 PER REGISTRANT
REGISTRATION INCLUDES
Breakfast 7:30AM & Lunch 11:30AM

5.00 Total Contact Hours Available

LOCATION OF TRAINING:
City of Lima Wastewater Treatment Plant
1200 Ft. Amanda Rd.
Lima, OH 45805

LOCATION OF WTP TOUR 1:30PM
City of Lima WTP
1100 E. Wayne Street
Lima, OH 45804

HOW TO REGISTER
CLICK HERE to register online

You can fax or email this registration form to:
Fax: 614-268-3244 or Email: otco@otco.org

Once your registration is processed, a confirmation email will be sent with a link to enter into the webinar. Registrations are accepted until the day of the event.

PAYMENTS

OTCO accepts check or credit card as payment for this event. Purchase Order must accompany registrations in order to invoice your company. NO REFUND FOR THOSE WHO REGISTER AND FAIL TO ATTEND.

CONTACT HOURS

Contact Hours from these training events will be included in the attendee's official OTCO Student Transcript page and Ohio eBiz account.

Download the OTCO App on your Apple or Android Device and get updates

OPERATOR TRAINING COMMITTEE OF OHIO
P.O. Box 284, Springfield Ohio 45501
Tel 614.268.6826 Fax 614.268.3244
WWW.OTCO.ORG

OTCO STUDENT ID #
OHIO EPA CORE I.D. #
FIRST NAME
LAST NAME
TITLE
EMPLOYER
BILLING ADDRESS (1)
BILLING ADDRESS (2)
CITY STATE ZIP
(This will be used for shipping of course materials.) ☐ Check box if same as billing address above MAILING ADDRESS (1)
MAILING ADDRESS (2)
CITY STATE ZIP
BUS. TELEPHONE ( ) - EXT
FAX ( ) - (for confirmations)
EMAIL ADDRESS
Please check & initial if information needs to be updated in OTCO Training Tracking System. ☐
CHECK/MONEY ORDER / P.O. #
☐ Please invoice my company Charge to my credit card account: ☐Visa ☐MasterCard ☐Discover ☐AMEX
CARD NUMBER:
NAME ON CARD
EXP. DATE /
CREDIT CARD VERIFICATION CODE: **(Note: Three-digit code on back of card.)**