



Skyline Resort at Seneca Lake OTCO Regional Workshop

Friday, June 5, 2026

Agenda

- 8:00am Welcome and Update
- 8:15am Stories from Ohio EPA's Compliance Assistance Unit
Nick Hammer, Ohio EPA (0.75 hr)
- 9:00am Emergency Bypass Pumping
Matt Johnson, Allied Technical Services (0.75 hr)
- 9:45am Break (15 Minutes)
- 10:00am Help Us, Help You - Permit Compliance and the Importance of Communication
Scott Sheerin, Ohio EPA (0.75 hr)
- 10:45am The Use of Pre-cast Post Tensioned Concrete for Treatment System Optimization
Dale Kocarek, City of Columbus (0.75 hr)
- 11:30am Lunch (45 Minutes)
- 12:30pm Ohio Safe Work Zone Flagger Operations and required PPE
Gary Bowling, ODOT (1.5 hr)
- 2:00pm Break (15 Minutes)
- 2:15pm (Continued) Ohio Safe Work Zone Flagger Operations and required PPE
Gary Bowling, ODOT (1.5 hr)
- 3:45pm Adjourn

IN-PERSON ONLY
COST: \$150 PER REGISTRANT
REGISTRATION INCLUDES
Light Breakfast & Lunch

6.00 Total Contact Hours Available

LOCATION

Skyline Resort at Seneca Lake
Event Center
55910 Skyline Dr.
Senecaville OH, 43780



HOW TO REGISTER

[CLICK HERE](#) to register online
 or

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.

LODGE ACCOMMODATIONS

[CLICK HERE](#) to book your room with Skyline Resort Lodge or call (740) 260-1817

Download the OTCO App on your [Apple](#) or [Android](#) Device and get updates

OPERATOR TRAINING COMMITTEE OF OHIO
 PO 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.) <input type="checkbox"/> 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. <input type="checkbox"/>
CHECK/MONEY ORDER / P.O. #
<input type="checkbox"/> Please invoice my company Charge to my credit card account: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
CARD NUMBER:
NAME ON CARD
EXP. DATE /
CREDIT CARD VERIFICATION CODE: (Note: Three digit code on back of card.)