

# *HRWA and The Department of Health Safe Drinking Water Branch*

*INVITE YOU to Join us for a Talk story session ....*

*Sanitary Surveys*

*Significant Modifications*

*Regulatory Compliance*

*Operator Certification*

## **AGENDA**

- 8:30 AM** Check in
- 9:00 AM** Welcome and Introductions
- 9:15 AM** Background, Primacy Role & Expected Outcomes
- 9:30 AM** Regulatory Compliance & Emergency Response
- 10:00 AM** Questions and Answers
- 10:15 AM** Sanitary Surveys
- 10:45 AM** Questions and Answers
- 11:00 AM** Significant Modifications
- 11:30 AM** Questions and Answers
- 11:45 AM** Operation Certification
- 12:15 PM** Questions and Answers
- 12:30 PM** Adjourn



Please see the Talk Story schedule below, select a location to attend and complete the Registration Form on the next page. Return the registration page to the Hawaii Rural Water Association by a method below.

ISLAND	DATE AND TIME
<b>OAHU (Pearl City)</b> DOH State Drinking Water Branch 2385 Waimano Home Rd., Uluakupu Bldg 4	<b>March 5, 2018</b> 8:30 AM—12:30PM (Monday)
<b>MAUI (Kahului)</b> Pacific Pipe Company 82 Pulehu Place (near the airport)	<b>March 6, 2018</b> 8:30 AM—12:30PM (Tuesday)
<b>KAUAI (Lihue)</b> Kauai County Dept of Water 4398 Pua Loke Street	<b>March 7, 2018</b> 8:30 AM—12:30PM (Wednesday)
<b>MOLOKAI (Kaunakakai)</b> DHHL, OHA Conference Room 600 Maunaloa Hwy., Suite D-1	<b>CANCELLED - TO BE RESCHEDULED</b>
<b>WEST HAWAII (Kona)</b> West Hawaii Civic Center 74-5044 Ane Keohokalole Highway Council Chambers (Bldg. A Ground Floor)	<b>March 20, 2018</b> 8:30 AM—12:30PM (Tuesday)
<b>EAST HAWAII (Pahoa)</b> Hawaiian Beaches 15-966 Punawai Street	<b>March 21, 2018</b> 8:30 AM—12:30PM (Wednesday)

**Email Registration:** [hrwaoffice@hawaiiirwa.org](mailto:hrwaoffice@hawaiiirwa.org)

**Mail registration:** Hawaii'i Rural Water Association

65-1241, Pomaikai Place, Suite 2, Kamuela, HI 96743







Please select a Talk Story location to attend:

- Oahu 3/5/18       Maui 3/6/18       Kauai 3/7/18
- W Hawaii 3/20/18       E Hawaii 3/21/18



Primary Contact \_\_\_\_\_ Company \_\_\_\_\_

Address (City, State, Zip) \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Position \_\_\_\_\_ PWS \_\_\_\_\_

If the Primary Contact is attending, please list yourself below with other attendees.

Name of Attendee	Position
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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