“Why is there a blue/green tint to my water?” “Why is there a white film in my pan when I boil water?” “Why does my water smell like cat urine?” “There are frogs in my toilet!” Ever encounter any of these complaints? This class will address water quality complaints, common causes and how to properly and effectively handle communications with your customers. This class will be beneficial to the office staff, as well as, the field staff. Attendees can view lab samples and examples from past problems/incidents that show common culprits lurking in the lines and diagnostic tools that aid in resolving issues. This is an open discussion class and students are encouraged to participate and share instances.

Cost: $170 TAUD Members  
$340 Non Members  

Time: 8:30 am - 4:00 pm

What topics will be covered?
- Taste/Odors/Color/Particles (Appliances, Algae Bloom)
- Pressure & Flow (Piping, BFPs, Filters, Noises)
- Rules & Regs (Sanitary Surveys, Mainline Flushing, Preventative Maintenance)
- Customer Service (Etiquette, Records and Logs, Follow ups)
- Diagnostic Tools (Flow Meters, Pressure Record, Amrs, etc...)

Instructor(s): Randy Harrell

Questions:
Brent Ogles  
brentogles@taud.org
615-900-1011

Refund Policy: Payment for the class is preferred in advance of the scheduled class date. If cancellation is necessary, refund requests submitted in writing (e-mail, fax or letter) will be processed as follows: 15+ days prior - Full refund less any materials mailed. 5 - 14 days - Half payment less any materials mailed. Less than 5 days - No refund - another person may substitute. If payment has not been received and cancellation is not requested prior to the date of the class, TAUD will invoice the registrant for the full amount of the class.

Submit with payment to:
TAUD Training Station  
P.O. Box 2529  
Murfreesboro, TN 37133  
Fax: 615-898-8283
We accept VISA, AMEX, Discover & MasterCard

Name__________________________
System/Company Name__________________________
Address__________________________
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Phone (___) ___-_______ E-mail__________________________
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Credit Card #:__________________________ Amount:$__________
Exp Date: ___/___ Card Holder Name:__________________________
Billing Address:________________________________________
Zip:___________ Signature:__________________________
Fax # or email for receipt:_________________________________