

**THE MISSOURI WASTEWATER SMALL FLOWS RESEARCH /  
TRAINING CENTER AT THE UNIVERSITY OF MISSOURI**

**THE ON-SITE WASTEWATER LOAN INSPECTION AND  
EVALUATION COURSE**

This two-day course is tailored for professionals who desire to perform third party inspections and evaluations of on-site wastewater systems relative to property and loan transactions. This course is designed for professionals who have successfully completed and passed the on-site wastewater basic installers certification course through MDHSS.

**August 19 and 20**

**Minimum of 25 required for course to be offered**

**TIME: Start at 0800 hours each day**

**PLACE: MU Southwest Research Center Mt. Vernon, MO**

**NOTE: PERSONS ENROLLED MUST HAVE COMPLETED THE  
MDHSS INSTALLERS (BASIC) CERTIFICATION COURSE**

**REGISTRATION FEE: \$320 (does not include the \$90 registration for license with Missouri Department of Health and Senior Services payable to MDHSS at the time of the course)**

**(Make checks payable to The University of Missouri. All checks must contain a valid driver's license number!)**

To register clip off and complete the lower portion of this announcement and send to:  
**Leslie Palmer, Soil, Environmental, and Atmospheric Sciences Department,  
302 ABNR Building, University of Missouri, Columbia, MO 65211  
573-882-6301 or Randy Miles at 573-882-6607**

***IMPORTANT:*** Course registration confirmations will be sent first to an email address if provided. If no email address is provided, confirmations will be sent by FAX. If no other means of contact is available, confirmations will be sent by mail.

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**Two-day On-site Wastewater Inspection and Evaluation Course**

**\_\_\_\_\_ August 19 and 20 at MU Southwest Research Center at Mt. Vernon**

**(Registration must be received by August 10)**

**Registration is not valid without payment. Make checks payable to The University of Missouri. (All checks must have a valid driver's license number!)**

**Note: There is an additional \$90 licensing fee to MDHSS at the time of course**

**Name \_\_\_\_\_ DL# \_\_\_\_\_ (for check)**

**Address \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Phone \_\_\_\_\_ Fax \_\_\_\_\_**

**Number \_\_\_\_\_ Email \_\_\_\_\_**

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