



# Toxicology Workshop

Thursday, April 25, 2019

**Location: Dr. Wesley Grant Sr., Southside Center  
285 Livingston Street  
Asheville, NC 28801**

Room rates for the meeting are \$79 + Tax (queen), . \$89 + Tax (king) . Please contact the **Holiday Inn** for reservations (828) 225-5550. Please indicate that you are making reservations under the group name/code ETS. The discounted rate will be held through March 24, 2019.

Please call for directions, if you are staying overnight in the Asheville area.

**Directions to Workshop:**

Please visit our website for directions.

**Contact ETS by:**

Phone: (828) 350-9364

Fax: (828) 350-9368

E-mail: [kelley@etsnclab.com](mailto:kelley@etsnclab.com)  
[jim@etsnclab.com](mailto:jim@etsnclab.com)

## AGENDA

- 7:30-8:00 Registration, Opening**  
Continental breakfast and refreshments
- 8:00-9:00 Toxicity Sampling and Laboratory QC**  
Jim Sumner, ETS, Inc.
- 9:00-10:00 Improving Utility Operation Efficiency**  
Roger Edwards  
MSD of Buncombe County
- 10:00-10:15 Break**
- 10:15-11:00 Laboratory QC and Regulatory Updates**  
Dana Satterwhite  
NC WW/GW Laboratory Certification
- 11:00-11:30 Aquatic Toxicology Branch Updates**  
Carol Hollenkamp  
NC DWR, Aquatic Toxicology Branch
- 11:30-12:15 Catered Lunch, Provided**
- 12:15-1:00 Algal Toxins**  
Dan Wiltsie  
NC DWR, Aquatic Toxicology Branch
- 1:00-2:00 Sampling Protocol**  
Jay Baker  
Environmental Chemists, Inc.
- 2:00-3:00 Permit and Regulatory Negotiations**  
Forrest Westall  
McGill Associates, P.A.

**Seating is limited.**  
**A completed registration form and payment must be received by April 12 to reserve your seat.**  
**Registration forms will not be accepted after April 12.**

## REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Check which contact hours are needed:**

Wastewater       Drinking Water

**The workshop is certified for  
6 Wastewater and 6 Drinking Water  
Contact Hours.**

**Dietary Restriction, Type:** \_\_\_\_\_  
**Gluten, Vegetarian, Vegan, Diabetic or Allergies**  
If not indicated, the regular box lunch will be provided.

## PAYMENT INSTRUCTIONS

**Payment must be received prior to the meeting.**

Cost per person is \$60.00 made payable to **Environmental Testing Solutions, Inc.** Payment includes continental breakfast and catered lunch.

**Mail registration form and payment to:**

**Environmental Testing Solutions, Inc.  
PO Box 7565  
Asheville, NC 28802**