



ANNOUNCEMENT

Saskatchewan Landfill Operator Training Course

Date: September 22 – 23, 2008 (8:00 am – 5:00 pm both days)

Location: RAMADA HOTEL & GOLF DOME, 806 Idylwyld Dr. North, Saskatoon, SK
(For hotel reservations, please call: 1-800-667-6500)

Who Should Attend? The course is intended for those persons who are involved in landfill supervision and operations. The course is also beneficial to those who are involved in the design and operational planning for landfill facilities.

Course Content: The course provides an overview of regulatory requirements and site operations and management. Course lessons include:

- The Sanitary Landfill in Integrated Solid Waste Management
- Gate and Scale House Operation
- Spotting and Waste Screening
- Special Operating Concerns
- Cell Construction and Compaction
- Litter Control
- Equipment Selection, Care and Maintenance
- Landfill Safety
- Leachate Production and Management
- Landfill Gas Generation and Management
- Groundwater Monitoring
- Practical Exam (Optional)

Facility Tour: A tour of the Saskatoon Waste Management Centre will be included to provide course participants with a practical review of classroom learning.

Course Instructors: Course instructors include Jim Lapp, Roland Rusnell & Ian Broome. The instructors have several years of combined experience with landfill operations and management and will be available throughout the day/evening to answer specific questions.

Course Fees (*includes coffee and lunch*): \$325 for SWANA members; \$425 for non-members

SWANA Northern Lights Chapter – COURSE REGISTRATION FORM

Saskatchewan Landfill Operator Training Course: Saskatoon, SK Sept. 22–23, 2008

Participant Name	
Job Title	
Facility/Company	
Street Address	
Mailing Address	
City & Province	
Postal Code	
Work Phone No.	
Cell Phone No.	
E-mail Address	

Method of Payment *(please indicate all that apply):*

Non-Member @ \$425 _____ SWANA Member @ \$325 _____ Member #: _____

Invoice Required: Yes _____ No _____

Cheque: _____ *(to SWANA Northern Lights Chapter)* P.O#: _____

Visa: _____ Master Card: _____

Card #: _____ Expiry Date: _____

Name of Card Holder: _____

Signature: _____ Date: _____

Return to:

Mr. Jim Lapp, Training Coordinator
SWANA Northern Lights Chapter
C/O City of Edmonton
13111 Meridian Street NE.
Edmonton, Alberta
T6S 1G9

For more information, contact:

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