



**Water Well-irrigation Contractor Course Agenda, May 20 2009**  
**Halifax District**  
**Florida Environmental Health Association-Provider # 119**



**Course Location:**  
**Volusia County Health Dept., 1845 Holsonback Dr., Daytona Beach Fl.**

- 7:30 –8:15      Registration\* and Refreshments**
- 8:15-8:20      Welcome: Brian Volkman, Halifax District FEHA/Volusia CHD**
- 8:20-9:20      Water Conservation through Modern Technology –Brian Walker, Hunter Industries (1 hour CEU)**
- 9:20-10:20     Irrigation Troubleshooting, Precipitation Rates, Low Volume areas, Soil Structure –Brian Walker, Hunter Industries (1.0 hour CEU)**
- 10:20-10:30    Break - Refreshments**
- 10:30-11:45    Well Construction, Troubleshooting for repairs (1.25 hour CEU)**
- 11:45- 1:00     Lunch on your own**
- 1:00- 1:45      Turbine pumps and how they work –David Muffett, Earl’s Well Drilling & Pump Service (0.75 hour CEU)**
- 1:45- 3:00      Successful Pump Calls –What do you check first -- David Muffett, Earl ’s Well Drilling & Pump Service (2 S/B credit) (1.25 hour CEU) The basic testing of pump systems with meters and what to look for including 3ph systems and some VFD and Cycle stop systems**
- 3:00 - 3:15      Break –Refreshments**
- 3:15 - 4:00      Successful Pump Calls (continued) –David Muffett (0.75 hours)**
- 4:00              End of Course – Awarding of Attendance Certificates**

**\*YOU MUST SIGN IN WITH A VALID PHOTO I.D. FOR BOTH THE MORNING AND AFTERNOON SESSIONS TO RECEIVE YOUR CERTIFICATE AND CREDIT FOR 6 CEU’s TOWARDS LICENSE RENEWAL.**

**COURSE APPROVED BY FLORIDA GROUNDWATER ASSOCIATION**

(Detach and mail with fee - PLEASE PRINT CLEARLY)

*Make check payable to:* **“Halifax District, FEHA”**. Mail to: Brian Volkman, Volusia County Health Dept. /Environmental Health, 1845 Holsonback Dr. Daytona Beach, FL 32117 Phone: 386-274-0703 Fax: 386-274-0698  
**PRE-REGISTRATION DEADLINE IS MAY 12, 2009**

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**FEE: \$75.00 Pre-Register by May 12, 2009 OR PAY \$100 registration at the door**

**NAME:** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

