

ERIE COUNTY WATER AUTHORITY INTEROFFICE MEMORANDUM

TO: Terrence D. McCracken, Secretary to the Authority

FROM: Leonard F. Kowalski, Executive Engineer

DATE: August 12, 2025

SUBJECT: Request to Attend 2025 NYSAWWA Tifft Symposium

The NYSAWWA Tifft Symposium is scheduled for September 16 - 18, 2025 in Syracuse, New York. The two-day conference includes various technical presentations and an exhibit hall where a variety of vendors from across the drinking water industry are available to the attendees.

At the Board Meeting held on July 23, 2025, the Board authorized Daniel Seider and myself to travel to the above-referenced conference. However, due to the upcoming Board Meeting and Budget Hearing, I cannot attend. Due to time restraints and expenses already paid, I have transferred my conference reservations and travel accommodations to William Wheeler, Senior Distribution Engineer, who will attend in my place.

Budget Information

Unit 1015 - 2025 O&M Budget Item 12 - Travel and Item 37 - Training

LFK:alh

ERIE COUNTY WATER AUTHORITY AUTHORIZATION FORM

For Approval/Execution of Board Meeting Documents

| Document Name: | Project No.: | |
|---|--------------|---------------------|
| Description: | | |
| Item Description: | | |
| Choose one: | | |
| Other: | | |
| Action Requested: | | |
| Choose one: | | |
| Other: | | |
| Approvals Required: APPROVED AS TO CONTENT: | | |
| Chief Financial Officer | Dat | |
| Chief Operating Officer | Dat | e: 08/13/2025 |
| Claims Rep. – Risk Manager | Dat | e: |
| Comptroller | Dat | e: |
| Director of Administration | Dat | e: |
| Director of Distribution | Dat | e: |
| Director of Human Resources | Dat | e: |
| Director of IT | Dat | e: |
| Director of Production | Dat | e: |
| Director of Water Quality | Dat | e: |
| Executive Engineer | | e: <u>8/12/2025</u> |
| General Counsel (Legal) | Dat | e: |
| Other: | Dat | e: |
| APPROVED FOR BOARD RESOLUTION | N: // | 08/13/2025 |
| Secretary to the Authority | Dat | e: |
| Remarks: | Item No: | |

TRAINING REQUEST

| Employee Name | Job Title | Department |
|--|---------------------------------------|------------------------------|
| Bill Wheeler | Sr. Distribution Engineer | Engineering |
| | | |
| | | |
| | | |
| | | |
| Dates of Training | | |
| From: <u>9/16/2025</u> To: _ | 9/18/2025 Total number | of business days: 2 |
| Training requests which require over form. | rnight accommodations must be acc | ompanied by a Travel Request |
| Training Information | | |
| <u> </u> | T:# 0 | |
| Title of Course(s) NYSAWWA | THE Symposium | |
| | | |
| Description Two day conference exhibit hall. | e with presentations specific to | the water industry, plus an |
| | | |
| Is this course needed to meet continuing | g education or contact hour requireme | nts? Yes |
| How many credit hours will you receive | e? 6 to 8 | |
| How many credits (per year) required for How many credits do you have year-to- | or your license? 12 date? 0 | |
| Are there 2 or more people attending th | is seminar? Yes | |
| Are there concurrent sessions? <u>Yes</u> Why is there a need for 2 or more peop | le to attend this seminar? PDH requi | rements and attending s |
| | • | |
| Estimated Cost | | |
| Registration Fee \$500 M | ileage & Tolls \$200 | |
| | 00 | |
| TOTAL ESTIMATED COST \$ | | |
| Balance in the training budget prior to t | his trip \$2,500 | |
| Unit Number _2535 Primary N | Number <u>401000</u> G/L Num | ber 921237 |
| | | |
| Approvals | | |
| Department Head formula formul | Bonalph 7 | Date <u>8/12/2025</u> |
| Chief Operating Officer | What | Date 08/13/2025 |
| | 11. | 00/40/0005 |
| Secretary | | Date08/13/2025 |

TRAVEL REQUEST

Date: 7/10/2025

| Employee Name | Job Title | Department |
|---|-------------------------------------|--|
| Bill Wheeler | Sr. Distribution Engineer | Engineering |
| | | |
| | | |
| | | |
| | | |
| Destination: Syracuse, NY | | |
| Is this training needed to meet profession | onal licensing requirements? Yes | |
| Description of training or business, and | reasons and benefits of attendance: | |
| NYSAWWA Tift Symposium | | |
| TO TOTAL THE CYMPOSIUM | | |
| | | |
| | | |
| Dates of Travel | | |
| From: <u>9/16/2025</u> To: _ | 0/18/2025 Total number of | of business days, 2 |
| | | 51 0 0 5111 0 55 0 0 0 0 1 1 1 1 1 1 1 1 |
| Estimated Cost | | |
| Transportation \$200 Hotel | Accommodations \$_800 M | Ieals \$_100 |
| FOTAL ESTIMATED COST \$1, | 100 W/ REGISTRATION FEE | \$\$1,600 |
| Balance in the training budget prior to t | his trin \$ | |
| | - | 004007 |
| Unit Number <u>2535</u> Primary N | Jumber <u>401000</u> G/L Numl | ber <u>921237</u> |
| | | |
| Comments (i.e. spouse traveling, prefe | rences): | |
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| | | |
| | | |
| | | |
| | | |
| Approvals | | |
| Department Head femal | L Honalsh T | Date8/12/2025 |
| Chief Operating Officer | ullet | Date 08/13/2025 |
| Secretary | - M | Date 08/13/2025 |
| Secretary | | Date |