



Backflow Prevention Tester Recertification Review

Date: Tuesday, December 19, 2017

Location: DES Training Facility, River Street Extension, Franklin, NH

Time: 8:00 AM – 3:00 PM (*Registration begins at 7:45 AM, lunch ½ hour*)

Credit: 6.0 TCH's will be awarded to those who attend 100% of the course.
NH DES approved for Drinking Water and Wastewater

Cost: **\$95.00 Members, \$125.00 Non-members. Lunch included.**

Instructor: David Rieth, Water Services Consultants, Inc.

Agenda: We will review all 4 devices; RPZ, DCV, PVB, and SVB, how they work and how to test them with the NEWWA current test procedures. We will update you on the current changes that have been made to the test procedures and why they were made.

This will be a hands-on class with 16 working Backflow preventers; feel free to bring your own test kit if you choose.

Registration: There are two ways to register: by internet or by mail. To register by internet and pay using PayPal go to our website: www.granitestatewater.org. To register by mail, fill in the attached form and mail it with your payment to: GSRWA, PO Box 596, Walpole, NH 03608

Cancellation Policy: If you need to cancel, please contact GSRWA in writing at least three business days prior to the day of the course, or be charged a \$30 late cancellation fee. If you do not attend the course and do not contact GSRWA, you will be charged a "No Show" fee equal to the original course registration fee. The No Show fee is non-refundable and non-transferable. Written request for refunds/credits will be considered for special circumstances provided that the request is received within two weeks of the training date.

PAYMENT MUST BE RECEIVED IN FULL PRIOR TO CLASS. NO WALK-INS PLEASE.

Any questions, please contact GSRWA at (603) 756-3670, ext. 4

Note: The information provided is subject to change; please refer to our website for current up-to-date information.



Training Class Registration Form

Class Name: Backflow Prevention Tester Recertification Review
Class Date: _____

System/Business: _____

Address: _____

City, State, Zip: _____

Business #: _____

Fax #: _____

1) Name of Attendee: _____

Attendee Cell Phone: (____) _____
(In case of last minute changes/cancellation due to weather)

Attendee E-mail: _____
(For reminder's and in case of last minute changes/cancellation due to weather)

Operator ID#: _____

2) Name of Attendee: _____

Attendee Cell Phone: (____) _____

Attendee E-mail: _____

Operator ID#: _____

3) Name of Attendee: _____

Attendee Cell Phone: (____) _____

Attendee E-mail: _____

Operator ID#: _____

Send me a bill (check here) _____ **PO #** _____

_____ @ \$ **95** Member Rate = \$ _____

_____ @ \$ **125** Non-Member Rate \$ _____

Total Amount Enclosed = \$ _____