



## Introduction to Cross Connection Control

**Date:** Tuesday, May 16, 2017

**Location:** Gorham Fire Station, 347 Main Street, Gorham NH

**Date:** Tuesday, November 7, 2017

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

**Time:** 8 AM -3 PM (*Registration Begins at 7:45*); Lunch provided onsite.

**Credit:** 6 TCH's will be awarded for those attend 100% of the course.  
NH DES credit approved for Drinking Water and Waste Water

**Cost:** \$95 Members, \$125 Non-members. Lunch included.

**Instructors:** Paul Whittemore (New England Backflow), Donny Boynton (GSRWA), and Wade Pelham (NH DES)

**Agenda:** This course will cover the what, where and why of cross connection as well as who is responsible and how to control it. There will be discussion on the public health significance and case studies. Also discussed will be basic hydraulics, preventing backflow, which devices to use and their installations, as well as backflow prevention device test kits.

**Registration:** There are three ways to register: by internet, fax or by mail. To register by internet go to our website: [www.granitestatewater.org](http://www.granitestatewater.org). To register by fax, fill in the form and request to be invoiced. To register by mail, fill in the registration 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: Please refer to our website for the most current information on our training classes



# Training Class Registration Form

Class Name: Introduction to Cross Connection Control

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 = \$** \_\_\_\_\_

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