



Water Chemistry

- Date:** Wednesday, June 28, 2017
- Location:** 2 Pillsbury Street, Suite 502, Concord, NH 03301
(Satellite Campus Plymouth State University)
- 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:** Paul Indeglia Ph.D., PE –Indeglia Environmental Science Engineering, PLLC

Agenda: This workshop is designed as a refresher to the chemistry of drinking water. It will explore metals (Arsenic, Lead, Magnesium, etc.) organic compounds (MtBE, PCE/TCE, etc.) and other chemicals (Radon, PCPs/EDCs, etc.) found in it, and discuss chemical sources and water treatment options.

Registration: There are three ways to register: register and pay on our website: www.granitestatewater.org. Fill out this form and mail it with your payment to GSRWA, PO Box 596, Walpole, NH 03608; or fill out this form, request to be billed and fax it to (603) 756-3675.

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.



Training Class Registration Form

Class Name: Water Chemistry

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 = \$ _____