



Seasonal Water System Operations & Maintenance

(Two dates and two locations)

- Date:** Wednesday, March 28, 2018
Location: Ashland Fire Station, 9 Main Street, Ashland NH 03217
- Date:** Wednesday, April 4, 2018
Location: Woodstock Town Office, 165 Lost River Road, Woodstock NH 03262
- Time:** 1:00pm – 3:00pm (*Registration begins at 12:45 AM*)
- Credit:** 2 TCH's will be awarded to those who attend 100% of the course.
NH DES drinking water credit approved.
- Cost:** **\$45.00 Members, \$60.00 Non-members.**
- Instructors:** Steve Guercia (Secondwind), Amy Rouseau (NH DES)

Agenda: This class is directed towards camps, campgrounds, RV Parks and all other systems. Topics include: Well construction and water quality sampling; bacteria causes and cures; well protection tips; system construction and maintenance; Seasonal start-up and shut-down procedures; and rule requirements set in 2015 under the Revised Total Coliform Rule.

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 call (603) 756-3670 x 4.
Note: Please refer to our website for the most current information.



Training Class Registration Form

Class Name: Seasonal Water System Operations & Maintenance

Class Date: Circle one: 3/28/18 or 4/4/18

System/Business: _____

Address: _____

City, State, Zip: _____

Business #: _____

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)

2) Name of Attendee: _____

Attendee Cell Phone: (____) _____

Attendee E-mail: _____

3) Name of Attendee: _____

Attendee Cell Phone: (____) _____

Attendee E-mail: _____

Payment Information:

attending _____ X member rate \$ 45 = total \$ _____

attending _____ X nonmember rate \$ 60 = total \$ _____

Total Amount Enclosed = \$ _____

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

Mail or fax this form to: GSRWA PO Box 596, Walpole, NH 03608 Tel 603-756-3670
Fax 603-756-3675