



Lagoon Operations in the North Country

- Date:** Thursday, May 16, 2019
- Location:** Groveton/Northumberland Town Office, 10 Station Square, Groveton, NH 03582
- Time:** 8:00am – 3:00pm (*Registration begins at #:45 am*)
- Credit:** 6.0 TCH's will be awarded to those who attend 100% of the course.
NH DES wastewater credit approved.
- Cost:** **\$99 Members, \$130 Non-members. Lunch included.**
- Instructors:** Paul Olander

Agenda: This in-depth seminar will cover proper operation and troubleshooting of aerated lagoons. Learn the importance of good aeration, proper mixing, sludge removal and algae control in your lagoon process operation. Also hear about capacity increasing BOD treatment, "painless" sludge removal and algae control using barley straw. Discussion on nitrogen and Phosphorous removal. A great review for certification exams.

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: Lagoon Operations in the North Country

Class Date: May 16, 2019

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 \$ **99** = total \$ _____

attending _____ **X** nonmember rate \$ **130** = 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