



From Source to Distribution: with a case study of Claremont

- Date:** Thursday, June 27, 2019
- Location:** Claremont Community Center, 152 South Street, Claremont, NH 03743
- Time:** 8:00am – 3:00pm (*Registration begins at 7:45 am*)
- Credit:** 6.0 TCH's will be awarded to those who attend 100% of the course.
NH DES drinking water credit approved
- Cost:** **\$99 Members, \$130 Non-members. Lunch included.**
- Instructors:** Jack Berry (Ted Berry Company), Paul Pomerleau (Ted Berry Company)

Agenda: This training will address issues surrounding water systems by using Claremont and other field projects to illustrate various solution approaches. Topics will include an overview of the source to distribution system, cleaning water inlet pipes, changing sand filter beds, sludge bed transfers, disinfection and cleaning of water mains. Be prepared to tour facilities as a part of the day.

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: From Source to Distribution: with a case study of Claremont

Class Date: June 27, 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 \$ _____ = total \$ _____

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