



# Seasonal Water Systems: Operations & Maintenance

**Date:** Thursday, May 2, 2019

**Location:** 227 Old North Main Street, Plymouth NH 03264

**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 water credit approved.

**Cost:** **\$20 Members and Non-members.**

**Instructors:** Donny Boynton (GSRWA), Shelley Frost (NHDES)

**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](http://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 Systems: Operations and Maintenance

Class Date: May 2, 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 \$ 20 = total \$ \_\_\_\_\_

# attending \_\_\_\_\_ **X** nonmember rate \$ 20 = 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