

ES2

ENVIRONMENTAL SYSTEMS
& EQUIPMENT SERVICE

Provider of water and
wastewater training

Date:

November 14, 2018

Time:

9:30 AM — 4:00 PM

Location:

**Cabela's
100 Cabela Drive
Hamburg, PA 19526**

Contact Hours:

5

Cost:

\$175.00

Toll Free:

877-766-2ES2 (2372)

Gas Chlorination Systems Operation, Maintenance & Safety

Provider of Water and Wastewater Training

**ES2, Inc. is a Certified
Training Provider
Sponsor ID# 321**



**Environmental Systems
& Equipment Service**

**Course Title: Gas Chlorination Systems
Operation, Maintenance & Safety**

**Presented By: Peter Hutwelker—ES2 President
& Senior Technician**

Workshop Agenda:

9:30 AM	Registration
9:30 AM	Course Description and Objectives
	Introduction
	The History of Chlorine
	The Future of Chlorine
	Chlorine and its Properties
Noon	Cabela's Campfire Grill (\$15.00 value)
1:00 PM	Gas Chlorination Systems - Operation
	Gas Chlorination Systems - Maintenance
	Systems Design & Operation
	Service & Troubleshooting
2:30 PM	Chlorine Safety
3:45 PM	Course Summary and Evaluation
4:00 PM	Course Completion - Issue certificates

ES2 is an approved Pennsylvania sponsor/provider of water and wastewater training. As an approved sponsor, we deliver training courses that will count toward pre-certification or continuing education credit for Pennsylvania water and wastewater operators.

If you are a licensed PA water and/or a wastewater operator, or if you are studying to be a licensed operator, ES2 can help you gain and maintain your required training credit hours.

**ES2
ENVIRONMENTAL
SYSTEMS
& EQUIPMENT SERVICE**

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Pipersville, PA 18947

Phone: 215-766-7788
Fax: 215-766-7783

E-mail: service@ES2inc.com
Website: www.ES2inc.com

Mail, Fax or E-Mail Registration

**Location: Cabela's, Hamburg, PA
PA-DEP Sponsor ID: 321
PA-DEP Course ID: 2133
Contact Hours: 5
Registration: Confirmation
required 10 days prior to session**

Make Check Payable to: ES2, Inc.

Credit Card # _____

Exp. date _____

Name _____

PADEP Client ID # _____

Facility Name: _____

Address: _____

Phone/Fax: _____

E-Mail: _____

Method of Payment:

Visa

MasterCard

Check

Bill Me

Subtotal: _____

Tax: _____

Total: _____

For multiple registrations, please make a copy of this form for each person attending