

ES2

ENVIRONMENTAL SYSTEMS
& EQUIPMENT SERVICE

Provider of training for
Instruments & Controls

Date:

May 3, 2018

Time:

9:30AM — 4:00 PM

Location:

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

Contact Hours:

5

Cost:

\$175.00

Toll Free:

877-766-2ES2 (2372)

Instruments and Controls For Water & Wastewater Treatment

Provider of Water and Wastewater Training

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



**Course Title: Instruments and Controls
For Water & Wastewater Treatment**
**Presented By: Peter Hutwelker—ES2 President
& Senior Technician**



**Environmental Systems
& Equipment Service**

Workshop Agenda:

| | |
|--------------------|---|
| 9:30 AM | Introduction Course Description and Objectives What are Instruments & Controls Evolution of Instruments and Controls |
| 10:15 AM | Basic Electricity Electrical Measurements Analog Signal Measurement Analog Signal Troubleshooting |
| Noon | Cabela's Campfire Grill (\$15.00 value) |
| 1:00 PM | PID Control Loops Control Logic PLC's and VFD's |
| 2:15 PM | Calibration Electrical Safety |
| 3:45 PM 4:00 PM | Course Summary and Evaluation Completion - receive certificate |

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 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 SYS.
& EQUIPMENT SERVICE**

6151 Kellers Church Road
Pipersville, PA 18947

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

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

Location: Cabela's, Hamburg, PA
PA-DEP Sponsor ID: 321
PA-DEP Course ID: 5036
Contact Hours: 5
**Registration: Confirmation
required 10 days prior to session**

Make Check Payable to: ES2, Inc.

Name _____

PADEP Client ID # _____

Facility Name: _____

Address: _____

Phone/Fax: _____

E-Mail: _____

Method of Payment: Visa Subtotal: _____

MasterCard Tax: _____

Check Total: _____

Bill Me

Mail, Fax or E-Mail Registration

Credit Card # _____

Exp. date _____

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