

# ES2

ENVIRONMENTAL SYSTEMS  
& EQUIPMENT SERVICE

Provider of training for  
Instruments & Controls

**Date:**

**May 22, 2019**

**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**

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Website: [www.ES2inc.com](http://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  MasterCard  Check  Bill Me

Subtotal: \_\_\_\_\_ Tax: \_\_\_\_\_ Total: \_\_\_\_\_

Mail, Fax or E-Mail Registration

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

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