

# DISINFECTION THROUGH CHLORINATION

**Dates:** Nov. 4 & 5, 2009  
**Days:** Tuesday & Wednesday  
**Cost:** \$69.00 [#09CFETP1]

**Location:** Wellington, KS

**Instructor:** April Hill

**Dates:** Mar. 17 & 18, 2009  
**Days:** Tuesday & Wednesday  
**Cost:** \$69.00 [#09CSETP1]

**Location:** Sedgwick, KS

## Workshop Description:

This workshop covers topics such as chlorine facts, design, equipment, testing, chloramines, CT Values, and much much more. The workshop participants will have hands-on experience testing water with Hach water laboratory analysis kits.

The workshop is credited **10 hours** for State certification.



Salina Area Tech • 2562 Centennial Road • Salina, KS 67401  
785-309-3100 • 800-466-7989 • FX 785-309-31

[www.salinatech.com](http://www.salinatech.com)



**General Workshop Information**

**Schedule:** **1 1/2 Day—Workshops (Potable or Waste Water)**  
 Day 1 8:00-8:30 am—Registration  
 8:30-5:00 pm—Presentation  
 Day 2 8:00-11:30 am—Presentation

**Certificates:** **Certificate of Attendance**  
 Each workshop participant will receive a certificate of hours attended to fulfill KDHE certification requirements.

**Certificate of Achievement**  
 Serious operators who wish to go beyond just attending a workshop may earn a certificate of achievement by passing an examination over the workshop materials at the conclusion of a presentation. This 30 minute test is strictly voluntary and may include a hands-on competency. *(No exam fee required)*

**What to Bring:** Pencils or pens, Calculator (all workshops have math problems to solve!), willingness to learn!

**Four easy ways to register:**

- 1. By phone** - Call (785) 309-3100, (785) 309-3105, or 1-800-466-7989 between the hours of 7:30 a.m. and 5:30 p.m. Monday through Thursday and 7:30 a.m. and 4:00 p.m. on Fridays.
- 2. In person** - You may register in the Student Services Office from 7:30 a.m. to 5:30 p.m. Monday through Thursday and 7:30 a.m. to 4:00 p.m. on Fridays.
- 3. By FAX** - Fax registration form to 785-309-3101, Attention: Continuing Education Department
- 4. By mail** - Registrations will be accepted by mail. Mail completed registration form to:

Adult Continuing Education  
 Salina Area Technical School  
 2562 Centennial Rd., Salina, KS 67401



<b>Date</b> _____	<b>SALINA AREA TECHNICAL SCHOOL</b> 2562 Centennial Road . . . Salina, KS. 67401 <b>Continuing Education Registration Form</b>	<b>Please Print</b>		
<b>Social Sec. No.</b> _____	<b>Last Name</b> _____	<b>First Name</b> _____	<b>M.I.</b> _____	
<b>Birth Date</b> _____	<b>Mailing Address</b> _____	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Area/Home Phone</b> _____	<b>Area /Work Phone</b> _____	<b>Start Date</b> _____	<b>End Date</b> _____	
<b>Course Name</b> _____			<b>Course No.</b> _____	
<b>Applicant's Signature</b> _____		<b>E-mail address</b> _____		
<b>PAYMENT METHOD:</b> CASH OR CHECK <input type="checkbox"/>		<b>BILL TO:</b> _____		
CREDIT CARD <input type="checkbox"/>		_____		
		_____		