

Wastewater Collection Systems Kalispell

Meet Your Instructors

Pete Boettcher, DEQ

Emily Gillespie, DEQ

Joe Schrader, City of Kalispell

City of Kalispell Personnel

NONPROFIT
U.S. POSTAGE PAID
GREAT FALLS, MT
PERMIT No. 167

Montana Environmental Training Center
MSU-Northern
P.O. Box 7751
Havre, MT 59501



Presents

Wastewater Collection Systems Kalispell

May 8, 2019





Wastewater Collection Systems

Kalispell
May 8, 2019

WHERE: Kalispell Advanced Wastewater Treatment Facility
2001 Airport Road

COURSE FEE: \$110 **CECs:** 0.8 Wastewater

What:

This seminar will cover components and design of collection systems, collection system operation and maintenance, inspecting and testing sewer, completing underground repairs, confined spaced safety, excavation and shoring, corrosion control and more.

AGENDA:

Wednesday, May 8th, 2019

7:30 - 8:00 am	Registration
8:00 - 8:10	Welcome & Introduction
8:10 - 8:45	Responsibilities of a Collection System Operator - Pete Boettcher, DEQ
8:45 - 10:00	Collection System Operation & Maintenance - Pete Boettcher, DEQ
10:00 - 10:15	Break
10:15 - 11:015	Collection System Safety - Pete Boettcher, DEQ
11:15-12:00	Do's and Don'ts of Cleaning a Collection System -Joe Schrader, City of Kalispell
12:00 - 1:00	Lunch (on your own)
1:00 - 3:00 pm	Lift Station Site Visit & Collection System Cleaning & TVing Demonstration - City of Kalispell Personnel
3:00 - 3:15	Break
3:15 - 4:50	Types, Flow & Design of Collection Systems -Emily Gillespie, DEQ
4:50 - 5:00	Wrap-up and Adjourn

REGISTRATION FORM

Wastewater Collection Systems

Kalispell - May 8, 2019

REGISTRATION: Registration is **necessary!** Please complete this form and return it with your payment of **\$110.00**

A cancelled registration after April 24th, will be refunded at 50%. Please call METC at 265-3763 for further information.

Mail Registration to:
METC
MSU-Northern
P. O. Box 7751
Havre, MT 59501

NAME _____

ADDRESS _____

CITY _____

ST _____ ZIP _____

PHONE _____

EMPLOYER _____

E-MAIL _____

Indicate Amount & Method of Payment

Amount \$ _____

Check # _____

PO # _____

Credit Card (**preferred method of payment**)

Card Name: Master Card or Visa

Card #: _____

Security #: _____ (3 numbers on back of card)

Expiration Date: _____

Card Holder Signature: _____

Date: _____