



Developer and Owner – MTS (Maintenance Training Systems Inc.)

August 12, 2020 (12:30-4:30 PM AST)

Course Objective / Description

This 1/2 day program is designed for water utility operators and provides a review of basic math relating to chlorination and disinfection. Combining basic math exercises and building the required skills required to enable an operator to perform basic system and chlorine calculations with confidence.

Topics and Objectives

<i>Topics</i>	<i>Learning Objectives</i>
1. Disinfection review	Refresh disinfection concepts
2. Introduction to math	Understand the basics of math
3. Basic math exercises	Apply basic math skills
4. Formulas	Become familiar with the necessary formulas
5. Conversions	Re-enforce conversion factors
6. Chlorine calculations	Understand the equation for manually dosing chlorine
7. Volume calculations	Re-enforce the formulas for finding volume of water storage and pipes
8. Chlorinator dosage rate calculations	Formula comprehension for calibrating hypo-chlorinators

<i>Course Agenda (place topics here with delivery times)</i>	<i>Time / Hours</i>
Introductions and Agenda Review	0.17
Disinfection review	0.25
Introduction to math	0.17
Basic math exercises	0.25
Formulas	0.17
Conversions	0.25
Chlorine calculations	0.66
Volume calculations	0.5
Chlorinator dosage rate calculations	0.5
Review Wrap up	0.08

CEU: 0.3

ONLINE COURSE

Basic Math and Disinfection Calculations

August 12, 2020 (12:30-4:30 PM AST)

Name: _____

Company: _____

Company Mailing Address _____

City, Province: _____ Postal Code: _____

Phone: _____ Email: _____

ACWWA Membership #: _____ WEF Membership #: _____

If no membership number is listed, you will be invoiced as a non-member. See pricing below.

Fee for ACWWA or WEF Members & Employees of UTILITY Members

Course: $\$199.00 + \$29.85 \text{ HST (15\%)} = \228.85

Fee for Non – Members

Course: $\$250.00 + \$37.50 \text{ HST (15\%)} = \287.50

Invoices will be sent to the address listed above.

PO number to be included on the invoice _____

Payment can be made by Visa, Master Card or cheque.

Card Holder's Name _____

Credit Card Number _____ Expiry _____

Signature _____

Email address for credit card receipt _____

Cheques should be made payable to:

ACWWA

PO Box 28141 · Dartmouth, NS · B2W 6E2

Phone 902-434-6002 Fax 902-435-7796