

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Alan T. Kjellender Work Phone No. 934-4032

Work Address: F.W.W.T.P. 528 RIVER ST FRANKLIN N.H. 03235

Office/Appointment/Employment held: Plant Operator I

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: NEIWPCC - TRAINING

Name of Corporate/Entity Representative: DON KENNEDY

Work Address of Representative: 650 SUFFOLK ST, Ste 410 LOWELL MA 01854

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 []

Value of Honorarium: \$120 Date Received: 3/14/16 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] Exact [] Estimate

Value of Expense Reimbursement: _____ Date Received: _____ A copy of the agenda or an equivalent document must be attached to this filing. [] Exact [] Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

04M and Trouble shooting w/ Well Pumps & Pump Stations Training Class

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer: [Handwritten Signature]

Date Filed: 3/23/16

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

RECEIVED MAR 25 2016 NEW HAMPSHIRE DEPARTMENT OF STATE



Spring 2016 Training Courses

- CONNECTICUT
- MAINE
- MASSACHUSETTS
- NEW HAMPSHIRE**
- NEW YORK
- RHODE ISLAND
- VERMONT

O&M and Troubleshooting Wet Well Pumps & Pump Stations*

Monday, March 14, 2016
Franklin Training Center, Franklin, NH
8:30 a.m. - 3:30 p.m. Sign-in begins at 8:00 a.m.

Pumps, motors, and drives used in water and wastewater treatment plants require proper application, operation, and maintenance. This one-day seminar reviews the principal characteristics of electric motors and bearings used in water and wastewater treatment plants and the proper maintenance procedures. Topics include: Types of motors and enclosures; the difference between motor horsepower and torque; and service factor, soft starts, and solid-state starters. Bearing applications, handling, lubrication, and inspection. Damage characteristics and how to identify them. Internal bearing clearances and calculation of bearing life and run-to-failure.

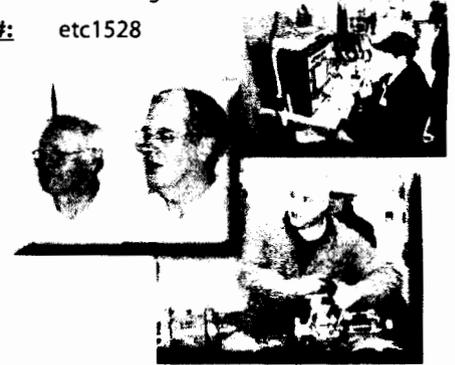
*This class has been approved for NH Drinking Water TCH

Instructors: Jay Bradford, Motion Industries
 Bert Souliere, Water Industries, Inc.
 Don Kennedy, NEIWPCC

Cost: \$120 (lunch provided by Motion Industries)

Credits: 6 Training Contact Hours*

Course #: etc1528



CLICK HERE TO REGISTER ONLINE WWW.NEIWPCC.ORG/PORTAL/CONNECT.ASP

Course Title O&M Pumps & Pump Stations Course # ETC 1528

Your Name Alan Kjellander

Wastewater License # 1229 State N.H

Company/Facility F W W T P

Street 528 RIVER ST

City/Town FRANKLIN State N.H. Zip 03235

Telephone 934 4032 Fax _____

E-mail Alan.Kjellander@DES.NH.GOV

Emergency Contact Phone Number (cell or home)
(in case of class cancellation/instructor illness, etc.) 934 2741

Indicate method of payment Amount Enclosed \$ FREE SEAT

Check No. _____ or PO No. _____ or Credit Card _____
 (indicate Visa, MC or Discover)

Credit Card # _____

3-digit code _____ Expiration _____
 (located on back of card) month/year

Name on Card _____

Signature Required _____ Date _____

Mail form and payment to:
 NEIWPCC - Training; 650 Suffolk St., Ste. 410, Lowell, MA 01854
 Or fax with a purchase order to: (978) 323-7919. Registrations cannot be completed over the phone.
 Hard copies must be mailed or faxed.

PLEASE NOTE: Enrollment is on a first-come, first-served basis, so please return your application as soon as possible. We appreciate you taking time to notify us if you cannot attend a course for which you have registered. This makes a big difference to someone else who requires the training. THANK YOU!

- Checks/Money Orders: Should be made payable to "NEIWPCC Training". Note New Policy: There is a \$15.00 fee for checks returned due to insufficient funds.
- Registration Deadline: You must register at least seven days in advance of the first day of the course. Registrations after this time will incur a \$15 late fee.
- Cancellations/No-Shows: Seven days notice is required IN WRITING (mailed or faxed) for you to cancel at no cost. Cancellations received after this time will be charged \$25 for programs under \$125 and \$50 for programs over \$125. Registrants who do not cancel and who fail to show are responsible for full payment.
- Credits: Participants must attend ALL hours of training to be eligible for Training Contact Hours. TCHs are awarded upon completion of a course. The certificates are mailed to participants. All courses listed in this catalog have been approved for wastewater license renewal credit hours only, unless otherwise noted.
- Use one form per course. Photocopy this page to apply for multiple courses.
- NEIWPCC reserves the right to postpone, reschedule or cancel any course as attendance dictates.