

For more information on training,  
visit our website at:  
[www.nyruralwater.org](http://www.nyruralwater.org)

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***LIMITED ATTENDANCE***

***~ 50 ~***

Please pre-register as soon as possible

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Register by fax or mail only to:

**NEW YORK RURAL WATER  
ASSOCIATION**

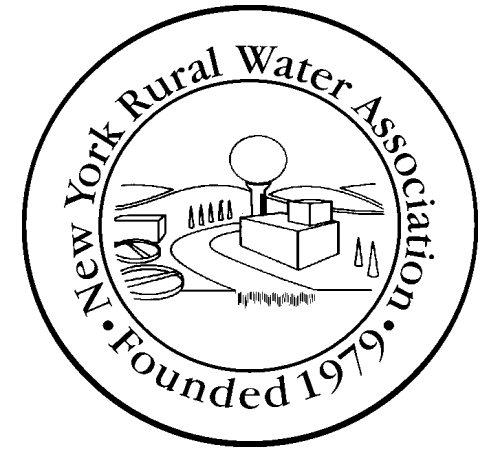
P.O. Box 487

Claverack, NY 12513

Fax: (518) 828-0582

Phone: (518) 828-3155

for more information



**WASTEWATER/WATER  
TRAINING SESSION**

***PUMP  
MECHANICS***

**Date: September 8, 2010**

**Location: HOLIDAY INN**  
75 North Street  
Auburn, NY 13021

**FOR:** Cayuga, Seneca, Wayne,  
Tompkins, Cortland, Onondaga  
and Oswego counties

## MORNING SESSION

7:30 – 8:00 am REGISTRATION

8:00 – 12:00 noon

### **Welcome and Opening Comments**

Jim Bower, NYRWA

### **Pump Mechanics**

- Coupling and shaft alignment
- Lubrication
- Vibration monitoring and assessment

### **BREAK**

- Laser alignment with a hands-on demo
- Sealing capabilities: packing, mechanical seals

NYS DOH/DEC is expected to grant 6.0 contact hours toward recertification.  
**NO HOURS FOR PARTIAL ATTENDANCE**

**Please Note** – If you wish to cancel your registration for this session, you must do so within 3 business days prior to the session to receive a refund. Otherwise, you will be responsible for payment.

# PUMP MECHANICS

September 8, 2010

## AFTERNOON SESSION

12:00 – 1:00 pm Lunch

1:00 – 3:30 pm

### **Pump Hydraulics**

- Pump sizing and selection
- BEP, design point, operating point

### **BREAK**

- Operational issues: cavitation, low flow etc.
- Testing session  
“You be the Engineer”

Turbo blower technology –  
an overview

3:30 **Closing Remarks/Certificates**

Is your utility / organization a member of the New York Rural Water Association? If not, you should consider joining the over 1400 that are, and share in the benefits!  
For more information, please call  
(518) 828-3155.

*Speaker for this session:*  
Bruce Collins, Siewert Equipment

PLEASE DETACH AND RETURN  
PRIOR TO August 31, 2010

## **PRE-REGISTRATION FORM** **September 8, 2010**

*Auburn, NY*

All information **MUST** be filled out.  
(Please use a separate form for each attendee)

### Personal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

DOH Cert.# \_\_\_\_\_ DEC Cert.# \_\_\_\_\_

System: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

*e-mail address:* \_\_\_\_\_

**Billing Information**     **same as above**

System/Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**SESSION FEE \$ 35.00**

(Fee includes: breakfast, lunch,  
training materials and facility fees)

**Send registration form & payment to:**

New York Rural Water Association

PO Box 487

Claverack, NY 12513

**or fax: (518) 828-0582**