



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Willamette Water Supply System (WWSS) Advanced Waterworks Long School: Transmission Pipeline and Appurtenances

Presenter: Matthew Duffy Title: Senior Engineer - WWSS Assistant Engineering and Construction Manager

Employer: Tualatin Valley Water District Address: 1850 SW 170th Ave.

City: Beaverton State: OR Zip: 97003 Phone: (541) 600-9546

Summary of Lesson content: The \$1.6 Billion Willamette Water Supply System is nearing completion. This course work is hands on training specific to transmission pipelines and appurtenances for advanced advanced operation and maintenance management.

The waterworks long school includes the following 5 courses: No 1. - Advanced Air Valve Systems in Water Transmission, No. 2 - Advanced Large Diameter Butterfly Valve Systems in Water Transmission, No. 3 - Advanced Blowoff Systems in Water Transmission, No. 4 - Advanced Management of Steel and Ductile Iron Pipelines in Water Transmission, No. 5 - Advanced Fundamentals and Applications of Cathodic Protection Systems in Water Transmission

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: See attached resume.

Education (High School, Upgrades, Colleges and Degrees): See attached resume.

Professional Registration/Certification: See attached resume.

Related papers/instruction you have presented:

Title: See attached resume. Date: _____ Event: _____

Title: _____ Date: _____ Event: _____

Professional Organizations/Activities:

_____ Date: _____

_____ Date: _____

Course sponsor: Tualatin Valley Water District

Signature of Instructor: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____

Return Completed Form To: OESAC CEU COMMITTEE
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