



## Instructor Background And Information Form

Thank you for filling out this form.

**Presentation Title:** Geren Island Water Treatment Plant Tour

**Presenter:** Cody Marrs

**Title:** Treatment Plant Supervisor

**Employer:** City of Salem

**Address:** 555 Liberty St., SE

**City:** Salem

**State:** OR

**Zip:** 97301

**Phone:** 503-932-3892

**Email:** GARREDONDO@cityofsalem.net>

**Summary of Lesson Content** Presentation and Tour of Gerlan Island Water Ozone Treatment Plant

**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.

Over 20 years in the water industry

Oversaw Treatment Plant upgrade

**Primary Knowledge/Skills/Abilities Related to Presentation:** I have worked in the water and wastewater field since 1998. City of Salem since 2006. Knowledge on the 2018 toxic algae bloom. Skilled in treatment techniques to remove toxins.

**Education** (High School, Upgrades, Colleges and Degrees):

AAS Water/Wastewater degree from Linn Benton Community College

**Professional Registration/Certification:**

Level 4 Water Treatment certification

Level 3 Wastewater Treatment certification (not current)

**Related Papers/Instructions You Have Presented:**

Title Salem's Cyanotoxin Response

Date 1/13/2022

Event

Cascade to Coast WWSS -2022

Title

Date

Event

**Professional Organizations/Activities**

Date

Date

**Course Sponsor** NW Oregon AWWA Subsection



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Signature of Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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Date Evaluated: \_\_\_\_\_ By: \_\_\_\_\_ Approved: Yes \_\_\_ No \_\_\_

**Return Completed Form To:**

Carolyn Clemons • Drinking Water Services  
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