



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: History of Valves

Presenter: Carl Schaumburg Title: Distribution Specialist

Employer: City of Corvallis Address: 1245 NE 3rd

City: Corvallis State: or Zip: 97331 Phone: 541-754-1768

Summary of Lesson content: Importance of Location and Operation of Valves in your Distribution System

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 present LBCC WET Program, 7.5 Years of water Treatment and Distribution:

Education (High School, Upgrades, Colleges and Degrees): High School Grad ,LBCC WET Program

Professional Registration/Certification: Treatment #09193. Distribution #09397 Back Flow Cross Connection Inspector# 009193

Related papers/instruction you have presented:

Title: History of Valves Date: 4/16/2019 Event: AWWA Short School

Title: _____ Date: _____ Event: _____

Professional Organizations/Activities:

_____ Date: _____

_____ Date: _____

Course sponsor: _____

Signature of Instructor: Carl Schaumburg Digitally signed by Carl Schaumburg Date: 2021.12.09 07:40:56 -08'00' Date: _____

DO NOT WRITE BELOW THIS LINE

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

Return Completed Form To: OESAC CEU COMMITTEE P.O. Box 577 Canby, OR 97013-0577 Email: info@oesac.org Phone: 503-698-6486