



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: JWC Conventional WTP Tour

Presenter: Chris Wilson

Title: Treatment Plant Supervisor

Employer: City of Hillsboro

Address: 4475 SW Fern Hill Road

City: Forest Grove

State: OR

Zip: 97116

Phone: 503-615-6670

Email: chris.wilson@hillsboro-oregon.gov

Summary of Lesson Content Presentation and Tour of JWC Conventional WTP

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: City of Hillsboro Water Department Senior Program Manager: oversees Joint Water Commission and Willamette Water Supply System water treatment plants. Level 4 certified operator. Chris began as an operator 23 years ago and has moved up into the Manager role. Chris has led or been involved with a number of expansion projects and other process related projects at the JWC. Chris and his team have also been selected to manage, operate and maintain the WWSS WTP currently in construction and scheduled to go online in 2026.

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

AAS Water/Wastewater Linn Benton Community College

Professional Registration/Certification:

Level 4 Water Treatment certification

Filter Endorsement

DRC for JWC

Related Papers/Instructions You Have Presented:

Title Salem's Cyanotoxin Response

Date 1/13/2022

Event Cascade to Coast WWSS -2022



Instructor Background And Information Form

Title Water Workforce Development Through the Education Pipeline

Date May 2022 Event PNWS Annual Conference

Professional Organizations/Activities

Date

Date

Course Sponsor NW Oregon AWWA Subsection

Signature of Instructor: Chris Wilson _____ Date: 02/07/2023

DO NOT WRITE BELOW THIS LINE

.....

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

Return Completed Form To:

Carolyn Clemons • Drinking Water Services
800 SE Emigrant Ave, Ste 240 • Pendleton OR 97801

carolyn.m.clemons@state.or.us
Ph 541-966-0902 • Fax 541-276-4778