

Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: STEP Liquids Process Operations Training	ids Process Operation:	is Training
Presenter: Mark Walter		Title: Senior Operaitons Specialist
Employer: Waterdude Solutions	ns	Address: 13290 Squire Drive
City: Oregon City	State: OR	Zip: 97045 Phone: 9714134126
Summary of Lesson content:	Training program cover	Summary of Lesson content: Training program covers integration and operation of new secondary clarification systems.
Topics include design criteria	, integration with existir	Topics include design criteria, integration with existing clarification systems and operations strategies. Systems to be
covered include mixed liquor	pumping, clarifier, retur	covered include mixed liquor pumping, clarifier, return sludge pumping, scum pumping, disinfection and monitoring.
Professional Background: (N Please be sure the resume in Use the reverse side of this fo	ote a brief - 2 page may cludes all requested info rm if more room is nee	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.	ities related to present	ation:
Education (High School, Upgrades, Colleges and Degrees):	ades, Colleges and De	grees):
Professional Registration/Certification:	ification: See Attached	d.
Related papers/instruction you have presented: Title: Clarifier Optimization Date	Ö	8/14/18 Event: Water Environment School
Title Activated sludge process control	Date:	2/23/23 Event: Cascade to Coast Short school
Professional Organizations/Activities: PNCWA -Plant operations and maintenance committee chair	tivities: d maintenance commit	ttee chair Date:Date:
		Date:
Course sponsor: Mark Walter		
Signature of Instructor:	hall	Date: 9/18/24
DO NOT WRITE BELOW THIS LINE	.INE	
Date Evaluated:	By:	Approved: YesNo
	OESAC CEU COMMITTEE	EE Email: info@oesac.org