

Instructor Background And Information Form

Thank you for filling out this form.			
Presentation Title: City of Coburg Wat	er Reclamation Faci	ility and STEP C	ollection System
Presenter: Brian Harmon			
Employer: City of Coburg	Address: 91136 N Willamette St Box 8316 State: OR Zip: 97408 Phone: 541-862-7857		
City:	State: OR	Zip: 97408	541-862-7857 Phone:
Summary of Lesson content:	v of the MBR level II	I Treatment Plar	nt and STEP System for the City of Coburg
and the benifits we see on the two pu			
, h			
Please be sure the resume includes a Use the reverse side of this form if mo	all requested informa ore room is needed t	ition. Qualification to fully answer the	
	ated to presentation:	- Have been the	primary operator for this facility collection
since it began operations in 2013.			
Education (High School, Upgrades, C	olleges and Degrees	s):	ion High School 1994
		astewater treatm	ent and level II collections certification
I also hold a level I water distribution	certification.		
Related papers/instruction you have p	presented:		
Title:	Date:	Event	
Title	Date:	Event	
Professional Organizations/Activities: member of the PNCWA/AWWA Easter	ern Oregon Subsect	ion Committee	Date:Date:
			Date:
Course sponsor: WCOS			
Signature of Instructor: Brian H	GREMON &	2	Date: 6-17-25
DO NOT WRITE BELOW THIS LINE	0		
Date Evaluated:B	y:		Approved: Yes No
Return Completed Form To: OESAC	CEU COMMITTEE	Email: info@c	esac.org

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