



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Tour The Coos Bay-North Bend Watershed and Clearwell areas

Presenter: Jeff Miller Title: Operations Manager / Treatment Supervisor

Employer: Coos Bay-North Bend Water Board Address: 2305 Ocean Blvd.

City: Coos Bay State: OR Zip: 97420 Phone: 541-269-3128

Summary of Lesson content: Showing the history, challenges, and improvements associated with the Watershed
and Clearwell and how they relate to both source and finished water quality.

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: 26 years in the water industry. 22 years operating and
maintaining conventional treatment facilities. 2 years as Operations Manager, 3 years Treatment Supervisor.

Education (High School, Upgrades, Colleges and Degrees): Associates Degree from Big Bend Community College

Professional Registration/Certification: Oregon Treatment Operator IV and Distribution Operator III,
Filter Endorsement

Related papers/instruction you have presented:

Title: _____ Date: _____ Event: _____

Title: _____ Date: _____ Event: _____

Professional Organizations/Activities:

Member of the PNWS-AWWA Southern Oregon Subsection Date: Current

Date: _____

Course sponsor: Southern Oregon Subsection, PNWS-AWWA

Signature of Instructor:  Date: 07/30/2026

Digitally signed by Adam B Smith
DN: C=US, E=asmith@grantspassoregon.gov, O=City of
Grants Pass, OU=Treatment Division, CN=Adam B Smith
Date: 2023.08.22 15:20:40-0700

DO NOT WRITE BELOW THIS LINE

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

Return Completed Form To: OESAC CEU COMMITTEE
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