OUTSTANDING WATER TREATMENT  
2019 PLANT OPERATOR AWARD

INSTRUCTIONS: All blanks must be completed for Award eligibility. Completed applications must be submitted by MARCH 15, 2020.

All nominations are to be sent to Paul Kavanagh at kavanaghp@hillsboroughcounty.org or contact Paul at 813) 264-3835.

I. GENERAL:

Operator Name: ____________________________________________________________

Employer: ________________________________________________________________

Employer's Mailing Address: ________________________________________________

Employer's Telephone Number: _____________________________________________

Source of Supply: Wells [ ] Surface [ ]

Plant Classification: Class A [ ] Class B [ ] Class C [ ] Class D [ ]
Level I [ ] Level II [ ] Level III [ ] Level IV [ ]

Plant Capacity (Design) __________ MGD Age of Treatment Plant __________ (Years)

Average Daily Flow _____________ MGD Maximum Daily Flow _____________ MGD

Treatment Process Description:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
II. PERSONAL:

Years of Experience: _______

Operator's License No. and Classification: ________________________________

Length of Time With Present Employer: _________________________________

Previous Plant Operations Experience: _________________________________


Previous Awards Earned: ________________________________

Education (Include Short Schools and Seminars): _________________________

Continuing Education Units (C.E.U.'s) Earned During Past 24 Months: ______

Courses Instructed During Past 12 Months: _______________________________
III. PROFESSIONAL:

A.W.W.A. Membership No. ________________________________

Offices Held:____________________________________________

F.W. & P.C.O.A. Membership No. ________________________________

Offices Held:____________________________________________

Describe innovative programs initiated by the Operator to reduce operations costs, increase efficiency, improve water treatment/quality and better the safety record of the Plant and personnel:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Current Job Title: ____________________________________________

Length of Time in Present Job: _________________________________

Publications or Papers Presented During Past 24 Months: ________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Submit any additional material with this completed application that may be helpful in evaluating your candidate for the Outstanding Water Treatment Plant Operator Award.

Submitted by: ________________________________________________

(Signature)

____________________________________________________________________________________

(Printed Name and Title)

____________________________________________________________________________________

(Work Telephone No.) (email) (Date Form Completed)

(Attach additional sheets as required.)