



**DISTRIBUTION SYSTEM OPERATOR AWARD
NOMINATION FORM**

This award is to recognize an outstanding distribution system operator within the Rocky Mountain Section of American Water Works Association. It can be given annually to recognize a water distribution system operator for exceptional performance, dedication and teamwork.

INSTRUCTIONS: All blanks must be completed for Award eligibility, additional sheets may be attached if needed. A copy of the application must be submitted by June 15th of each calendar year to the Awards Committee Chair, Karen Burgi who can be reached at (720) 834-4259. Applications may be submitted electronically to burgikc@bv.com or by hard copy to Karen Burgi, Black & Veatch Corporation, 4600 S Syracuse St., Ste. 800, Denver, CO 80237. You will receive a phone call or e-mail acknowledging receipt of the application. *If you do not receive confirmation of receipt of the application within one week, please contact Karen Burgi by phone.* Applications including supporting documentation will not be returned.

I. GENERAL INFORMATION

Operator Name: _____

Employer: _____

Mailing Address: _____

E-mail Address: _____ Telephone Number: _____

Source of Supply: Wells [] Surface []

Plant Classification: Class A [] Class B [] Class C [] Class D []

Distribution System Classification: Level I [] Level II [] Level III []

Plant Capacity (Design): _____ MGD Storage Capacity (Design) _____ MG

Average Daily Flow: _____ MGD Maximum Daily Flow: _____ MGD

General Description of Distribution System (Age, miles pipe, type of pipe, etc): _____

II. PERSONAL

a) Years of Experience _____

b) Operators Certification number: _____ Classification: _____

c) Length of time with present employer: _____

d) Previous distribution system experience if less than five years: _____

e) Previous awards earned: _____

f) Education (Include Short Schools and Seminars): _____

g) Training Units Earned During Past 24 Months: _____

h) Courses Instructed During Past 12 Months: _____

III. PROFESSIONALISM

- a) AWWA Membership No. _____ Number of Years as a Member _____
- b) Current Job Title _____
- c) Length of Time in Present Job _____
- d) Reason for Nomination _____

Submitted by: (Signature) _____

Printed Name and Title: _____

Company/Employer: _____

Mailing Address: _____

E-mail Address: _____ Work Telephone: _____

Date: _____