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:______________________________________________

______________________________________________

6/23/2015
f) Education (Include Short Schools and Seminars): ________________________________

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____________________________________________________________________________

____________________________________________________________________________

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: _______________________________________________________________________
