



**WATER TREATMENT PLANT MAINTENANCE AWARD  
NOMINATION FORM**

This award is to recognize an outstanding water treatment plant maintenance person within the Rocky Mountain Section of American Water Works Association. It is awarded annually to recognize a maintenance person 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**

Maintenance Person Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Source of Supply: Wells  Surface

Plant Classification: Class A  Class B  Class C  Class D

Number of Hours Daily Plant Has Manned Operation: \_\_\_\_\_

Plant Capacity (Design): \_\_\_\_\_ MGD Storage Capacity (Design) \_\_\_\_\_ MG

Average Daily Flow: \_\_\_\_\_ MGD Maximum Daily Flow: \_\_\_\_\_ MGD

Treatment Process Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. PERSONAL

- a) Years of Experience \_\_\_\_\_
- b) Operators Certification number: (if any) \_\_\_\_\_ Classification: \_\_\_\_\_
- c) Length of time with present employer: \_\_\_\_\_
- d) Previous plant maintenance 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Submitted by: (Signature) \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_