



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 July 1st 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, 6300 S. Syracuse Way, Ste. 300, Centennial, CO 80111. 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 \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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