



**RALPH M. LEIDHOLDT
WATER TREATMENT PLANT OPERATOR AWARD
NOMINATION FORM**

The Ralph M. Leidholdt award is to recognize an outstanding water treatment plant operator within the Rocky Mountain Section of American Water Works Association. It is awarded annually to recognize a water treatment plant operator for exceptional performance, dedication and teamwork.

INSTRUCTIONS: All blanks must be completed for Award eligibility. 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, 6300 S. Syracuse Way, Ste. 300, Centennial, CO 80111. *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: _____
Operator's Employer: _____
Mailing Address: _____
E-mail Address: _____ Telephone: _____
Source of Supply: Wells [] Surface []
Plant Classification: _____
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. REASON FOR NOMINATION:

- a) Describe what exceptional performance this operator has done to be considered for this award.
- b) What makes this outstanding?

Examples of exceptional performance, dedication and teamwork may include but are not limited to:

- a) How did this individual assist plant in cutting costs, improving safety, customer service, adapting processes, mentoring other staff members or students, adapting more green options.
- b) How does this individual contribute to the teamwork of the operations and/or maintenance staff?
- c) Dedication to treatment plant and industry.

III. PERSONAL

- a) Years of Experience _____
- b) Operators Certification number: _____ Classification: _____
- c) Courses Instructed During Past 12 Months : _____

- d) Volunteer/Public Outreach Activities During Past 12 Months: _____

IV. PROFESSIONALISM

- a) AWWA Membership No. _____ Number of Years as a Member _____
- b) Other Professional Associations: _____

Submitted by: (Signature) _____

Printed Name and Title: _____

Company/Employer: _____

Mailing Address: _____

E-mail Address: _____ Work Telephone No.: _____

Date: _____