



**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 can be given annually to recognize a maintenance person for exceptional performance, dedication and teamwork.

**INSTRUCTIONS:** All blanks must be completed for Award eligibility. A copy of the application must be submitted by July 1<sup>st</sup> 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. 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: \_\_\_\_\_