



**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 can be given 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 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. *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

**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: \_\_\_\_\_