



# OHIO SECTION AWWA

## OPERATOR'S MERITORIOUS TREATMENT SERVICE AWARD NOMINATION FORM

(Form Must Be Typed)

Deadline for submission: June 30, 2010

Return completed form to:

Email: Dave Weihrauch  
[DWeihrauch@cityofoxford.com](mailto:DWeihrauch@cityofoxford.com)

or

Fax: (614) 268-3244

### 1. NOMINEE: (Fill-in form)

Full Name	
Current Title	
Street Address	
City, State, Zip	
Telephone	( ) - Ext.
FAX	( ) -
E-Mail	

Utility Name	
Street Address	
City, State, Zip	
Telephone	( ) - Ext.
FAX	( ) -

AMERICAN WATER WORKS ASSOCIATION

## 2. ELIGIBILITY

Please mark an X in the area(s) of the nominee's accomplishments.

(Click on box for X)

<b>a.</b>	Continuous compliance with public health standards for finished water.	<input type="checkbox"/>
<b>b.</b>	Consistent and outstanding contribution to plant maintenance thereby prolonging the useful life of the plant equipment.	<input type="checkbox"/>
<b>c.</b>	The development of new and/or modified equipment or significant process modifications to provide for a more efficient or more effective treatment.	<input type="checkbox"/>
<b>d.</b>	Special efforts in the training of treatment plant operators and/or water distribution personnel.	<input type="checkbox"/>
<b>e.</b>	Special acts not directly related to water treatment or distribution that demonstrate dedication to the public beyond the normal call of duty.	<input type="checkbox"/>
<b>f.</b>	Consistent and outstanding contribution to operation and/or maintenance of water distribution lines, pumping stations, and storage reservoirs.	<input type="checkbox"/>
<b>g.</b>	Ohio EPA Water Supply Unit Supervisor concurrence. (Be sure to include a letter of concurrence with the Entry Form.)	<input type="checkbox"/>

## 3. JUSTIFICATION: (Fill-in form)

Please note the nominee's accomplishments that are deserving of this Award.  
(Information must be typed. Add more pages if needed.)

**4. BIOGRAPHICAL DATA: (Fill-in form)**

(Information must be typed. Add more pages if needed.)

**A. Brief employment history:**

**B. Civic organization memberships (Lions, Kiwanis, school board, etc.):**

**C. Year joined AWWA**

**D. Offices held (indicate whether District, Section, or Association level):**

**E. Professional organization memberships: (In addition to AWWA)**

**F. Professional awards or honors received: (Give the year and identify the awarding organization.)**

**G. College(s) attended:**

**Degree Earned:**

**Year:**

<u>Ohio College of Applied Science</u>	<u>Associate of Science</u>	

**H. Certification(s) Received: (Fill-in form)**

CERTIFICATION	STATE	CERTIFICATION NUMBER

**4. BIOGRAPHICAL DATA (cont'd.): (Fill-in form)**

(Information must be typed. Add more pages if needed.)

**I. Published articles: (Give title and publication of the article.)**

**5. CITATION: (Fill-in form)**

Please provide a citation of 25 words or less. This citation is your recommended wording to be placed on the Award plaque.

**6. NOMINATION SUBMITTED BY: (Fill-in form)**

<b>Full Name</b>	
<b>Current Title</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	(    ) -            Ext.
<b>FAX</b>	(    ) -
<b>E-Mail</b>	
<b>Submission Date</b>	

**7. LOCAL NEWSPAPER(S): (Fill-in form)**

<b>Name</b>	Will forward later.
<b>Editor's Name</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	(    ) -            Ext.
<b>FAX</b>	(    ) -
<b>E-Mail</b>	
<b>Website</b>	

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Following Reserved For Committee Chair

<b>Received By</b>	
<b>Date Received</b>	