



OHIO SECTION AWWA

OPERATOR'S MERITORIOUS WATER TREATMENT SERVICE AWARD NOMINATION FORM

(Form Must Be Typed)

Deadline for submission: May 15, 2011

Return completed form to:

Rick Schantz
Village of Archbold
419-445-0293
verrick@rteceexpress.net

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)

a.	Continuous compliance with public health standards for finished water.	<input type="checkbox"/>
b.	Consistent and outstanding contribution to plant maintenance thereby prolonging the useful life of the plant equipment.	<input type="checkbox"/>
c.	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"/>
d.	Special efforts in the training of treatment plant operators and/or water distribution personnel.	<input type="checkbox"/>
e.	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"/>
f.	Consistent and outstanding contribution to operation and/or maintenance of water distribution lines, pumping stations, and storage reservoirs.	<input type="checkbox"/>
g.	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)

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

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

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

Following Reserved For Committee Chair

Received By	
Date Received	