**2025 OPERATOR’S MERITORIUS WATER TREATMENT SERVICE AWARD**

**NOMINATION FORM**

 *(Form must be typed)*

Return completed form by April 15, 2025 to:

Cliff Shrive, Awards Committee Chair
cshrive.cincinnati@gmail.com

Or

OAWWA Office

info@oawwa.org

**1. NOMINEE:**

|  |  |
| --- | --- |
| Full Name |  |
| Current Title |  |
| Street Address |  |
| City, State Zip |  |
| Telephone | ( ) - Ext. |
| Fax | ( ) -  |
| Email |  |

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

**2. ELIGIBILITY**

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

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

**3. JUSTIFICATION**

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

|  |
| --- |
|  |

**4. BIOGRAPHICAL DATA**

*Information must be typed. Add more pages if needed.*

1. Brief employment history

|  |
| --- |
|  |

1. Civic organization membership (Lions, Kiwanis, school board, etc)

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| --- |
|  |

1. Year joined AWWA

|  |
| --- |
|  |

1. Offices held (indicate whether District, Section or Association level)

|  |
| --- |
|  |

1. Professional organization memberships (in addition to AWWA)

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| --- |
|  |

1. Professional awards or honor received (Give the year and identify the awarding organization)

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| --- |
|  |

|  |  |  |
| --- | --- | --- |
| College(s) attended | Degree Earned | Year |
|  |  |  |
|  |  |  |
|  |  |  |

1. Certification(s) Received

|  |  |  |
| --- | --- | --- |
| Certification | State | Certification Number |
|  |  |  |
|  |  |  |
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1. Published articles

*Give title and publication of the article*

|  |
| --- |
|  |

**5. CITATION**

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**

|  |  |
| --- | --- |
| Full Name |  |
| Current Title |  |
| Street Address |  |
| City, State Zip |  |
| Telephone | ( ) - Ext. |
| Fax | ( ) -  |
| Email |  |
| Submission Date |  |

Following reserved for Committee Chair

|  |  |
| --- | --- |
| Date Received |  |
| Received by |  |