

Operator of the Year Nomination Form

Operators from any of the disciplines are eligible – Water Treatment, Water Distribution, Wastewater Treatment, Wastewater Collection, Small Systems

PLEASE FILL OUT ALL THE INFORMATION BELOW Iwish to nominate: Operator name:					
Community Employed at:		Nominee'sTitle:_			
Contact Information: Phone:		E-mail:	E-mail:		
Nominee's Area of Opera	tion: (check all that ap	ply)			
Water Treatment	Water Distribution	Wastewater Treatr	ment \	Vastewater Collection	
Years involved with Water/Wastewater:		Years as a SWW	Years as a SWWA member:		
Nominator's name:		Nominator's Title	Nominator's Title:		
Contact Information: Phone:		E⋅mail:	E-mail:		
Give a brief statement of y	our relationship with th	ne nominee; years known, wor	ked with, etc.:		
	now the nominee is inv	volved with Water or Wastewat	er in nis/ner curr	ent position:	
Rate the nominee from 1 1. Organization, Record-kee	eping, & Preventative m	aintenance			
1 – Average	2	3 – Above Average	4	5 – Exceptional	
2. General Operations & K	nowledge of His/her Sy	stem and Equipment			
1 – Average	2	3 – Above Average	4	5 – Exceptional	
3. Attention to Legislative	Guidelines and Regula	tions			
	-	3 – Above Average	4	5 – Exceptional	
4. Administrative Duties-I	3udget Planning & Pres	sentation, Training and Educatio	on of Employees	or General Public	
1 – Average	2	3 – Above Average	4	5-Exceptional	
5. Overall Service to the C	ommunity				
1 – Average	2	3 – Above Average	4	5 – Exceptional	



Describe his/her quality of work in regard to such things as following Legislative Requirements, Aesthetic quality of Finished Product, Records Management, etc.

What specifically makes this nominee deserving of the Operator of the Year Award?

Can you give an example of the nominee going over and above their normal duties in service to their community?

For Office Use Only:

SWWA Member	
OCB Certified	
Year's of operating	
EPO Verification	
Population of community	
All required information filled out	