CURRENT YEAR OPERATOR OF THE YEAR NOMINATION

Each year the Association recognizes outstanding operators of wastewater systems.

Candidates may be nominated by anyone who wishes to recognize the significant efforts by operators of any facility in West Virginia. A committee of association members and or other professionals evaluates each candidate. Evaluations are based on the performance and compliance of facilities they operate, their contributions to the wastewater field, and their service to the community; Nominees must be certified operators from a wastewater facility.

Presentations of the awards are made at the Association’s Annual Conference in May. We are now requesting nominations for this year’s award. If you know of any operators who deserve to be considered for this award, please take the time to complete the following form and send it to the address below.

OPERATOR AWARD SELECTION CRITERIA

1. Nominee must be certified. List the following:
   A. Personal advancement in training certification.
   B. Special contributions to the field.
   C. Special contributions to the community.

2. Plant need not be in full compliance. However, efforts to improve must be demonstrated.
   A. Efforts to economize plant operations.
   B. Innovative approaches to treatment.
   C. Improved water quality or effluent.
   D. Advancement in treatment technology.

3. Plaques will be presented to each winner.

PLEASE SUBMIT YOUR NOMINATIONS TO:
Ron Byrnside Dunbar Sanitary Board
P.O. Box 483
Dunbar, WV 25064

---DEADLINE FOR RECEIVING NOMINATIONS IS JANUARY 30---
NOMINATIONS MUST BE RECEIVED BEFORE THIS DATE

OPERATOR OF THE YEAR NOMINATION FORM:

Name of operator__________________________________________________________

Nominee’s Place of Employment________________________   Nominee’s Certification____________

Nominee’s Duties & Responsibilities________________________________________________________

Community Service (Assistance to other Plants)____________________________________________________

______________________________________________________________________________________

Why Nominee is being considered for this award____________________________________________________

______________________________________________________________________________________

Other Associations or Activities____________________________________________________________

THIS NOMINATION IS SUBMITTED BY:

Name_________________________________________________    Phone_____________________ __

Address_______________________________________________________________________________

City____________________________________  State__________   Zip Code______________________

P.S. PLEASE ATTACH OTHER APPROPRIATE SUPPORTING INFORMATION ALONG WITH A ONE-PAGE BIOGRAPHY OF YOUR SELECTION