

WESTHESTER WATER WORKS CONFERENCE

OPERATOR'S MERITORIOUS SERVICE AWARD

Deadline for Submission _____
Return To: James Macri
Address: Village of Scarsdale
Village Hall, 1001 Post Rd
Scarsdale, New York 10583

Nominee

Utility

1. Full Name: _____ Name: _____
Title: _____ Address: _____
Mailing Address: _____

Phone No. (____) _____ Phone No. (____) _____

2. **Eligibility:** Please note the area(s) of the nominee's accomplishments.

- a. Continuous compliance with public health standards in finished water. _____
- b. Consistent and outstanding contribution to plant maintenance thereby prolonging the useful lives of equipment. _____
- c. The development of new and/or modified equipment or significant process modifications to provide for a more efficient or effective treatment. _____
- d. Special efforts in the training of treatment plant operators. _____
- e. Special acts not directly related to water treatment, but which demonstrate dedication to the public beyond the normal operating responsibilities. _____
- f. Consistent and outstanding contribution to operation and/or maintenance of distribution lines, pumps stations and reservoirs. _____

3. **Justification:** Please note the nominee's accomplishments which entitle him/her to receive this award.

4. **Biographical Data:** Please complete the Biographical Data Form on the back of this sheet.

5. **Citation:** Please provide recommended citation of 50 words or less. _____

WESTHESTER WATER WORKS CONFERENCE

Submitted By:

Name (Please Print)

Date

Mailing Address:

Phone:()

Fax: ()

BIOGRAPHICAL INFORMATION

(Print Clearly or Type)

a. Brief employment history:

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

c. Year joined AWWA: _____ and offices held (indicate whether Section or Association-level):

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d. Professional organization memberships: _____

e. Professional awards or honors received. Give year and identify awarding organization:

f. College(s): _____ Degree: _____

_____ & Year:

g. Publications- List three major publications: _____

Attach additional information as necessary.