



Delaware Rural Water Association
WATER & WASTEWATER OPERATOR AWARD NOMINATION FORM
(FOR SYSTEMS SERVING POPULATIONS OF 10,000 OR LESS ONLY)



DEADLINE FOR SUBMISSION: September 1, 2021

Mail: 210 Vickers Drive, Milford, DE 19963

Fax: (302) 424-3790

E-mail: debbie_drwa@yahoo.com

EACH WINNER TO RECEIVE CERTIFICATE AND \$500.00 CASH

Copy this form for each additional nomination. Please print or type legibly.

Nominee's Name: _____

Job Title: _____ **System Name:** _____

Person Submitting Nomination: _____ **Phone** _____

How long has the nominee been employed with the system? _____

What are the responsibilities of the nominee in his/her current position? _____

Has the nominee received specific training related to their current position? _____

If yes, indicate the type of training and from where training was received _____

Has the nominee been recognized for any outstanding achievements related to their current position?

If yes, list awards or certificates received and from where? _____

What contributions has the nominee made to the improvement of the system?

What is the primary reason(s) for nominating him/her for this award? _____

Winners will be recognized at the Operator EXPO on October 8, 2021.

Please feel free to attach any other certificates of achievement or awards for nominees, etc.