

WVWEA WILSON/WELLMAN
COLLECTION SYSTEM OPERATOR OF THE YEAR

In Memory of Brian Wilson and Tim Wellman
who gave their lives while working at the collection system of Northern Wayne PSD.
This award will be presented to an individual for contributions to the advancement of the "State of the Art"
in Wastewater Collection. The award consists of a plaque suitably inscribed with the recipient's name;
"For his outstanding dedication as a Collection System Operator."

Candidates may be nominated by anyone who wishes to recognize the significant efforts by collection system 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 the collection system they operate, their contributions to the wastewater field, and their service to the community. Nominees must be full time employees 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 collection system 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.

COLLECTION SYSTEM OPERATOR AWARD SELECTION CRITERIA:

1. Nominee must be full time employee of a WV Wastewater Collection System.
 - A. Special contributions to the field and community.
 - B. Personal advancement in training.
2. The nominee's area of service must have been in the areas of Operations and Maintenance.
3. Nominee must have made efforts to economize collection system operations.
4. He must have shown innovative approaches to Wastewater Collections in Operations and Maintenance.
5. Must present an outline of his Procedures for Confined Entry Spaces and Equipment.

PLEASE SUBMIT NOMINATIONS TO:

Ron Byrnside, Dunbar Sanitary Board
P.O. Box 483
Dunbar, WV 25064

*****DEADLINE FOR RECEIVING NOMINATIONS IS JANUARY 30*****

COLLECTION SYSTEM OPERATOR OF THE YEAR NOMINATION FORM

Name of Operator: _____

Nominee's Place of Employment: _____

Nominee's Duties & Responsibilities: _____

Community Service (Assistance to other Facilities): _____

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.