



New York Water Environment Association, Inc.

The Water Quality Management Professionals

525 Plum Street, Suite 102 • Syracuse, New York 13204

(315) 422-7811 • Fax: 422-3851 • www.nywea.org

TO: All NYWEA Members

The attached form is for nominations for the Uhl T. Mann Awards. The Wastewater Facilities Committee is responsible for collecting, reviewing and recommending nominees to the Board, for this as well as other awards each year. We are looking for your help in nominating deserving individuals for this special recognition. Submittal of a narrative to supplement the nomination form is essential to the selection process and must be included with the nomination. The narrative must be a comprehensive summary of the candidate's qualifications and/or merits. For your guidance, a sample (fictitious) narrative has been attached, which should give you an idea of the type of information the Selection Committee would like to see.

The Committee is also responsible for the Philip Morgan Medal nomination; which is presented by the Federation, and the William D. Hatfield Award. After a review of the nominations for the Uhl T. Mann Award, exceptional candidates from this group are usually considered for the William D. Hatfield Award. However, you may recommend a nomination specifically for the Hatfield Award. I have included information concerning these awards for your information.

The deadline for receipt of these nominations is **October 1st**. Please take the time to consider worthy individuals and submit an application.

Sincerely,

Vincent Sapienza
NYWEA
Wastewater Facilities Committee

AWARD NOMINATION FORM

(SUBMIT TO THE CHAIRMAN OF THE WASTEWATER FACILITIES COMMITTEE BY OCTOBER 1ST.)

NOMINATION FOR THE UHL T. MANN AWARD FOR _____. (Check one for A and B Below)

A. UHL T. MANN EXCELLENCE IN: OPERATIONS _____ OR MAINTENANCE _____

B. CATEGORY: 0.0-0.5 MGD _____; 0.6-1.0 MGD _____; 1.1-10.0 MGD _____;
10.1-50.0 MGD _____; Over 50.0 MGD _____

NOMINEE DATA

NAME: _____

TITLE: _____

ORGANIZATION: _____

HOME ADDRESS: _____

TELEPHONE: WORK () _____ HOME () _____ EMAIL _____

NYWPCA MEMBER: YES _____ NO _____ CHAPTER _____

NYS OPERATORS CERTIFICATE: TYPE _____ GRADE _____
DATE ISSUED: _____ NUMBER: _____

PRESENT SUPERVISOR'S NAME: _____ TELEPHONE () _____

TITLE: _____ EMAIL _____

ADDRESS: _____

ZIP: _____

CHIEF ELECTED OFFICIAL: NAME: _____ TITLE: _____

ADDRESS: _____

ZIP: _____

TELEPHONE: () _____ EMAIL: _____

EDUCATION AND TRAINING: (INCLUDE ADDRESSES OF SCHOOLS OR COLLEGES)
(USE ADDITIONAL PAGES IF NECESSARY):

EXPERIENCE: START WITH PRESENT POSITION AND WORK BACKWARDS. PROVIDE DATE, TITLE AND JOB DESCRIPTION FOR ALL EMPLOYMENT IN WASTEWATER FIELD. (USE ADDITIONAL PAGES IF NECESSARY).

TREATMENT PLANT NAME: _____

PLANT ADDRESS: _____ TYPE AND GRADE: _____

DESIGN FLOW: _____ MGD ACTUAL FLOW: _____ MGD

| | <u>CONCENTRATION, mg/l</u> | | <u>REMOVAL EFFICIENCY, %</u> |
|--------|----------------------------|-----------------|------------------------------|
| | <u>INFLUENT</u> | <u>EFFLUENT</u> | |
| BOD: | _____ | _____ | _____ |
| SS: | _____ | _____ | _____ |
| OTHER: | _____ | _____ | _____ |

UNIT PROCESSES

- | | |
|---|---|
| 1. _____ Screening | 21. _____ Disinfection Cl ₂ |
| 2. _____ Grinder | 22. _____ Thickening |
| 3. _____ Grit Removal | 23. _____ Incineration |
| 4. _____ Pre-Aeration | 24. _____ Elutriation |
| 5. _____ Primary Settling | 25. _____ Activated Carbon |
| 6. _____ Secondary Settling | 26. _____ Anaerobic Digestion |
| 7. _____ Chemical Treatment | 27. _____ Vibration Screens |
| 8. _____ Trickling Filter(s) | 28. _____ Lagoons |
| 9. _____ Extended Aeration | 29. _____ Sludge Drying Beds |
| 10. _____ Modified Activated Sludge | 30. _____ Belt Presses |
| 11. _____ Conventional Activated Sludge | 31. _____ Centrifuge |
| 12. _____ Waste Stabilization Ponds | 32. _____ Wet Oxidation |
| 13. _____ Aerobic Digestion | 33. _____ Heat Drying |
| 14. _____ Micro-Strainer | 34. _____ Chemical Sludge Cond. |
| 15. _____ Aerated Lagoon | 35. _____ Vacuum Filters |
| 16. _____ Intermittent Sand Filters | 36. _____ Ozonation |
| 17. _____ Rapid Sand Filter | 37. _____ Heating, Air Cond. Ventil. Ref. |
| 18. _____ Reverse Osmosis | 38. _____ Building and Grounds |
| 19. _____ Electrodialysis | 39. _____ Underground pipeline repair |
| 20. _____ Diatomaceous Filter(s) | 40. _____ Tertiary Settling |
| | 41. _____ Odor Control |
| | 42. _____ Other |

*(Additional information as necessary by item number on separate sheet).

Personnel Supervised: (Authorized) _____ (Actual) _____
Total Plant Staff: (Authorized) _____ (Actual) _____

SAFETY RECORD:

Year 20____ Accidents _____ Time Lost _____ days
Previous Year 20____ Accidents _____ Time Lost _____ days

OTHER SAFETY INFORMATION:

THIS SECTION IS MOST IMPORTANT TO THE COMMITTEE'S EVALUATION PROCESS. WHAT OUTSTANDING ACTIVITIES WARRANT CONSIDERATION FOR THIS AWARD? (CHECK THE APPROPRIATE FUNCTIONS AND EXPLAIN, ON ADDITIONAL SHEETS, THE DETAIL OF ALL CATEGORIES CHECKED).

- | | |
|-------------------------------|-------------------------------------|
| A. _____ PLANT OPERATIONS | H. _____ SUPERVISION AND MANAGEMENT |
| B. _____ PLANT MAINTENANCE | I. _____ LABORATORY |
| C. _____ PROCESS IMPROVEMENTS | J. _____ RECORDS AND REPORTS |
| D. _____ EXPERIMENTATION | K. _____ SAFETY |
| E. _____ COST EFFECTIVENESS | L. _____ TRAINING |
| F. _____ NYWPCA INVOLVEMENT | M. _____ PUBLIC RELATIONS |
| G. _____ ENERGY CONSERVATION | N. _____ OTHER |

Item A) PLANT OPERATIONS-

Item B) PLANT MAINTENANCE

Item C) PROCESS IMPROVEMENTS

Item D) EXPERIMENTATION/RESEARCH

Item F) NYWPCA INVOLVEMENT

Item G) ENERGY CONSERVATION

Item H) SUPERVISION AND MANAGEMENT

Item I) LABORATORY

Item J) RECORDS AND REPORTS

Item K) SAFETY

Item L) TRAINING

Item M) PUBLIC RELATIONS

Item N) OTHER

LOCAL NEWSPAPERS:

Names and addresses for future press releases.

NOMINATION DATA

NOMINATOR NAME: _____

ADDRESS: _____

EMAIL: _____

DATE: _____ TELEPHONE: () _____

SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

COMMITTEE LIAISON NAME: _____ TEL. () _____

RECOMMENDED PRESENTER: _____ TEL. () _____